L08000117105

(Requestor's Name)
(Address)
(1.551.555)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Endy Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer.





500412801375

09/14/23-01029--011 **80.00

.

•

í.

COVER LETTER

Div	vision of Corporations			
SUBJECT:	INDEPENDENT TIRE DEALERS GROUP, LLC			
SUBJECT:		of Limited Liability Company		
The enclosed	d Articles of Amendment and fee(s) a	ere submitted for filing.		
Please returr	all correspondence concerning this r	natter to the following:		
	Jason Rook			
		Name of Person		
	INDEPENDENT TIL	RE DEALERS GROUP, LLC		
		Firm/Company		
	401 Old Dixie Highv	vay #3651		
	·	Address		
	Tequesta, FL 33469			
		City/State and Zip Code		
	jrook@itdgusa.com	fress: (to be used for future annual report notification	nu)	
For further in	nformation concerning this matter, ple	•	···,	
Jason Rook		210 305-0672		
'	Name of Person		ephone Number	
			,	
	check for the following amount:		• •	
□ \$25.00 F	Siling Fee S30.00 Filing Fee Certificate of State	tus \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Address:	Street Address:		
_	gistration Section vision of Corporations	Registration Section Division of Corpora		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDEPENDENT TIRE DEALERS GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/29/2008}{12}$ ____ and assigned Florida document number __L08000117105 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

_, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

·MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Marks, Dave	401 Old Dixie Highway #3651	□Add
		Tequesta, FL 33469	Γ≣Remove;
			Change
			□Add
			□Remove
		·	Change
			□ Add
			⊡Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			☐ Remove
			Change
			☐ Remove

	500
	•
	•
	÷
data of Elima	
ective date, if other than the date of filing: date of filing date of filing	(optional)
te: If the date inserted in this block does not meet the applicable statutory filing req	uirements, this date will not be listed
nument's effective date on the Department of State's records.	
	1' 6 (L) TH 00 (LL 5)
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.	e earner of: (b) The 90th day after th
red August 8 , 2023 .	
Signature of a member or authorized representative of a I	

Filing Fee: \$25.00