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| (Re | questor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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B. KOHR

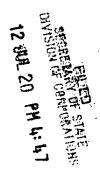
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EXAMINER



500237466345

07/20/12--01008--018 **25.00



COVER LETTER

| TO: Registration S Division of Co | Section orporations | | |
|-----------------------------------|--|--|--|
| SUBJECT: | Fagle Tires, | ted Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | CALVI | N JEFFERSON Name of Person | 12 gl. 20 PH v. 17 |
| | | Firm/Company | |
| | 123 W. | BLOOMINGDAU | EAVE. |
| | BRAND | ON FL 33511 City/State and Zip Code | |
| | E-mail address: (i | to be used for future Innual report notifica | M_tion) |
| For further information | concerning this matter, please of | call: | |
| CALVIN | UEFFERSON of Person | at (813) 713-58 | 374 |
| | of Person | Area Code & Daytime T | elephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

空尘

| Eagle 7 | Tires, LLC | 12 Page 1 |
|--|--|--|
| (Name of the Limited Liabil (A Florid | ity Company as it now appears on our record a Limited Liability Company) | E) 70 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| The Articles of Organization for this Limited Liability Florida document number LO90D003811 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | , <u>^</u> |
| The new name must be distinguishable and end with the w "L.L.C." | words "Limited Liability Company," the designate | tion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET AD) | DRESS) | |
| Enter new mailing address, if applicable: | Na | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ac | | nter the name of the new |
| Name of New Registered Agent: | ŊA | |
| New Registered Office Address: | Enter Florida stre | et address |
| | , Florida | |
| | City | Zip Code |

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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Title Title <u>Name</u> Type of Action MELVIN B JEFFERSON BRENDA JEFFBRSON ☐ Add ☐ Remove Remove ∏Add \square Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00