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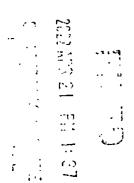
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Certified Copies	Certificates	s of Status
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Name Change

JUN 2 0 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Green Tire So	lutions, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	mendment and fee(s) are sub			
riease return an correspon	defice concerning this matter	to the following.		
	Robert Kurt Kraus, II			
		Name of Person		
	Green Tire Solutions, I	LC		
		Firm/Company		
	2519 124th Ave. E.			
		Address		
	Parrish, FL. 34219			
		City/State and Zip Code		0 13
	rkurtkraus@gmail.con E-mail address: (n to be used for future annual rep	ort notification)	
For further information co	ncerning this matter, please c	all:		-0
Robert Kurt Kraus, II		at (941)		· , ::
Name of	Person	Area Code	Daytime Telephone Number	1 3
Enclosed is a check for the	following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &
Mailing Address Registration So Division of Co P.O. Box 6327	ection orporations	Division of The Centr	on Section of Corporations re of Tallahassee	
Tallahassee, F	L 32314	2415 N. N	Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Tire Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		1 2.
The Articles of Organization for this Limited Liabili	ty Company were filed on 04/06/2010	and assigned
Florida document number L10000037199		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
G.T. Home Solutions, LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
	1 00 11	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ie name of the new register
	_	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	, Flot	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage	, enter the title,	, name, ar	nd address o	f each person	being a	dded
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			□ Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
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			Change
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		□Remove	
			Change
			Remove
			□Change

	
	
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ective date, if othe	er than the date of filing: (optional)
effective date is listed	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
cument's effective da	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tate on the Department of State's records.
	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ted	
	R KURTKRAUS, 99 Oddog verified Oddog
	Signature of a member or authorized representative of a member