

L10000094379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

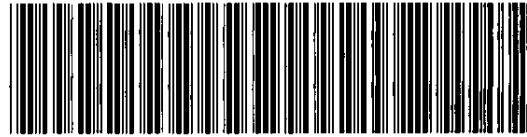
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900211778209

09/12/11--01013--029 \*\*25.00

FILED  
11 SEP 26 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Wholesale Tire Outlet LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rene Ahwal

Name of Person

Firm/Company

1150 Arbor Glen Circle

Address

Winter Springs, FL, 32708

City/State and Zip Code

samahwal@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

sam ahwal

Name of Person

at ( 321 )

303-6501

Area Code & Daytime Telephone Number

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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2011

RENE AHWAL  
1150 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708

SUBJECT: WHOLESALE TIRE OUTLET, LLC  
Ref. Number: L10000094379

We have received your document for WHOLESALE TIRE OUTLET, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If Rene is the NEW REGISTERED AGENT then Rene must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 411A00021179

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
11 SEP 26 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WholesaleTire Outlet 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 9/7/2010 and assigned  
Florida document number L10000094379.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Addis Tire outlet L.L.C

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

4560 W, Colonial Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, Florida, 32808

**Enter new mailing address, if applicable:**

1150 Arbor Glen Circle, winter Springs

**(Mailing address MAY BE A POST OFFICE BOX)**

Florida, 32708

**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:**

Rene Ahwal

**New Registered Office Address:**

1150 Arbor Glen Circle

*Enter Florida street address*

Winter Springs

*City*

, Florida

32708

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rene Ahwal	1150 Arbor Glen Circle, winter Springs Florida, 32708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SILVA, VANESSA	2231 CATBRIAR WAY OVIEDO FL 32765	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

FILED  
11 SEP 26 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Rene Ahwal / Vanessa Silva  
Signature of a member or authorized representative of a member  
Rene Ahwal / Vanessa Silva  
Typed or printed name of signee