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SECRETARY OF STATE DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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RAVENSWOOD T	TRES OF				
FT LAUDERDALE	ELLC		<u> </u>		11 SEP-1
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

RAVENSWOOD TIRES OF FT LAUDERDALE 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:

ROBERT SOCOL						
	Name of Person					
	A.R.S. AND ASSOCIATES INC					
	Firm/Company					
	20810 WEST DIXIE HIGHWAY					
•	Address					
	NORT	H MIAMI BEACH, FL 33180	,			
		City/State and Zip Code				
	ROB@	PARSACCOUNTING.COM				
	E-mail address:	to be used for future annual report notifice	ation)			
For further information	concerning this matter, please	call:				
RO	BERT SOCOL	at(305)6	53-7350			
Name of Person		Area Code & Daytime Telephone 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)	S60.00 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

RAVENSWOOD TIRES OF FT LAUDERDALE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

			എം	
The Articles of Organization for this Limited Liability Company	were filed on	02/21/2011	and assigned	
Florida document numberL11000021712				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "Ll	C" or the abbreviation	
Enter new principal offices address, if applicable:	20810 WEST	DIXIE HIGHWAY		
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIA	MI BEACH		
	FL 33180			
Enter new mailing address, if applicable:	20810 WEST	DIXIE HIGHWAY		
(Mailing address MAY BE A POST OFFICE BOX)	NORTH MIA			
	FL 33180			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the new	
registered agent and/or the new registered office address her	<u>≥</u> .			
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street addre	255	
	City	, Florida	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>	Name	<u>Address</u>	Type of Action				
MGR	STEPHEN COATES	2140 SW 52ND STREET FT LAUDERDALE FLORIDA 33312	Add Remove				
MGR	SMC GROUP GP LLC	20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FLORIDA, 33180	Add Remove				
MGR	JOHN COATES JR	20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH ELORIDA, 33180	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-				
			-				
			_				
Dated	· · · · · · · · · · · · · · · · · · ·						
 -	Signature of a member or authorized representative of a member						
	STEPHEN COATES Typed or printed name of signec						
	ı ypea or t	minicu name of signec					

Page 2 of 2

Filing Fee: \$25.00