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(Red	questor's Name)				
(Ado	dress)				
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(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)				
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04/27/15--01061--007 **25.00

FILED 2015 APR 27 PN 4:01 Secretary of State

COVER LETTER ...

	Registration Sec Division of Corp			
CHD IEC	Tired Mar	nagement, LLC		
SUBJEC [*]	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspor	ndence concerning this matter	to the following:	
		Amy Turner and Tar	nmy Kipp	
			Name of Person	
		Tired Management,	LLC	
			Firm/Company	
		801 Anchor Rode Dr	rive # 206	
			Address	
		Naples, FL 34103		
			City/State and Zip Code	
		naplesbookkeeper@	•	
			to be used for future annual report notific	cation)
For furthe	r information co	oncerning this matter, please ca		
Amy Turner and Tammy Kipp		239 272-2723	and (239) 272-585	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.00	0 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 APR 27 PH 4: 01

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Tired M	anagement, LLC
	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number L11000 35	bility Company were filed on 3/22/11 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>enter the name of the new</u> ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member **Title Type of Action** Name **Address MGR** Amy Turner 801 Anchor Rode Drive ■ Add Naples, FL 34103 ☐ Remove _D Add □ Remove □ Add ☐ Remove ☐ Add ■ Remove ☐ Add ☐ Remove □ Add _□ Remove

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•									
ffective date	must be speci	nan the dat ific, cannot be by the Florida	prior to date	of receipt	or filed date	and canno	t be more	(o p than 90 dag	otional) ys after
d April 1	st			2015					
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Page 3 of 3

Filing Fee: \$25.00

