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COVER LETTER

TO: Registration Division of C		×	₩ .
	simmee Tire Kingdom LLC	;	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Carole A. Fewell		
		Name of Person	
		Firm/Company	
	11883 Maidstone Dri	ive	
		Address	
	Wellington, FL 334	14	
	carole50@aol.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificati	on)
For further informatio	n concerning this matter, please c	all:	
Carole A. Fewell	l	561 753 0602	2017 AUG 23
Nam	ne of Person	Area Code & Daytime Te	slephone Number 11 Co.
Enclosed is a check for	or the following amount:): 42 Riba
■ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kissimmee Tire Kingdom LLC					
(Name of the Limited Liabil (A Florid	ity Company as it now ap a Limited Liability Compa	pears on our record	<u>s.</u>)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on			ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here: Jiffy Conroy Road LLC					
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Co	empany," the designa	tion "LLC" or the	abbreviati	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD)	DRESS)	·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AUG 23 AH 10:42 EFTARY OF STATE AHASSEE-FLORIDA		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		on our records, <u>e</u>	nter the name	of the n	
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stree	et address		
	City	, Floric	zip Cod	le	

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 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> **Address Type of Action** Remove Add Remove Add Remove Remove Remove

	<u> </u>		
			
ıted	August 19	2013	
Dated _	August 19		

Page 3 of 3

Filing Fee: \$25.00

