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(((H12000289994 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DELOACH & HOFSTRA, P.A.

Account Number : I19990000123

Phone

: (727)397-5571

Fax Number

: (727)393-5418

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIG STOUTS TIRE & AUTO LLC

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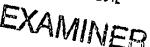
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EXAMINER

Corporate Filing Menu

Help



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

STOUTS TIRE & AUTO LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L12000144341</u>	ny were filed on 11/15/2012 and ensigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ibility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter now mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Enter Florida street address

Florida

Zip Code

MGR = Manager

P.003/004

EMOSTLITTE MODIT MOS: UT4000503234 3

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:

MGRM = Ma	naging Momber			
Title	Name		Address	Type of Action
				Add
				Remove
	- · · ·			
	1	-	,	Add
				Remove
		•	•	
				Remove
		-	· · · · · · · · · · · · · · · · · · ·	Add
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	****	-		Add
			1	Remove

FACSIMILE AUDIT NO.: H12000289994 3

	December 11
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JT, MI	Signat

Filing Fee: \$25.00