

# L12000141025

Office Use Only



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SECRETARY OF STATE:
ALLAHASSEF FLORINA

### **COVER LETTER**

TO:

Registration Section 'Division of Corporations

SUBJECT

## RidgeLine Tire & Service 2

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:

Richard Smith			
Name of Person			
Firm/Company			
212 W Seminole Ave			
Address			
Bushnell, FL 33513			
City/State and Zip Code			
ridgelinetire2@yahoo.com			
F-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

## **Christie Smith**

<sub>37</sub>352 **726-353**9

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

□\$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**

FILED 2013 JUN 21 PM 12: 32

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

RidgeLine Tire & Service 2, 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 I	Liability Company were filed on	11/21/2012	and assigned
Florida document number L12000147025			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here:</u>	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	ompany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	 : ROX)	- <del></del>	
<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Christie Smith		
New Registered Office Address:	212 W Seminole Ave		
·		Enter Florida street ad	dress
	Bushnell	, Florida 3	3513
	City		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	Address	Type of Action
mgrm	Richard Smith	212 W Seminole Ave	Add
		Bushnell, FL 33513	Remove
mgrm	Billy Mott	212 W Seminole Ave	
		Bushnell, FL 33513	Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	r ,
<del></del> -	
Dated May	30th 2013
	Christin Smith
	Signature of a member or authorized representative of a member
C	Christie Smith
~	Typed or printed name of signee
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Filing Fee: \$25.00

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