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COVER LETTER

TO:		ation Sect n of Corpo		
		e Outlet H	oldings, LLC	
SUBJI	:C1:		Name of Limi	ted Liability Company
The en	closed Ar	ticles of A	mendment and fec(s) are subt	nitted for filing.
Please	return all	correspon	dence concerning this matter	to the following:
			Samuel L. LePrell	
				Name of Person
			Samuel L. LePrell Attorne	y and Counselor at Law
				Firm/Company
			1930 San Marco Boulevaro	I, Suite 201, St. Mark's Place
				Address
			Jacksonville, Florida 3220	7
				City/State and Zip Code
			samleprell@icloud.com	to be used for future annual report notification)
For fu	rther infor	mation co	ncerning this matter, please ca	
	el L. LePro		<i>-</i> 1	904 390-2705
Samue	- L. Lern	Name of	Person	at () Area Code Daytime Telephone Number
		, value of	. 0.30.1	7.42.222
Enclos	sed is a ch	eck for the	following amount:	
■ \$2	25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. I	g Address tration So ion of Co Box 6327 nassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Outlet Holdings, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on October 7, 2013	and assigned
lorida document number <u>L1300014136</u> L \ 2 C	_	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
ire Outlet M&G, LLC		
ne new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	<u></u>
		1
nter new mailing address, if applicable:		
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		
	45.45	mo o
		23 FL
. If amending the registered agent and/or registered	office address on our records, enter the	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	100-0	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	71. 7.1	
	. Florid:	a

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
•			Remove
			□Change
			□Remove
			□Change
			□Add
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ள cfi ote:	ive date, if other than the date of filing:
recor l is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	March 1 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00