

To:

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2022-08-25 08:03:32 CST

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From: Lexus Wingo

8/25/22, 9:58 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****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 RESIGN
TIRE OUTLET M&G, LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL 32399

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tire Outlet M & G, 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 Liability Company were filed on 10/07/2013 and assigned
Florida document number L13000141136.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u>C T Corporation System</u>		
New Registered Office Address:	<u>1200 South Pine Island Road</u>		
	<i>Enter Florida street address</i>		
	<u>Plantation</u>	<u>Florida</u>	<u>33324</u>
	<i>City</i>		<i>Zip Code</i>

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.

Rachel O'Connor

Rachel O'Connor, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	BARRON, DAVID S	1302-B EASTPORT RD.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PUCKETT, ANTHONY	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMBRUSTER, GREG	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCHEVE, DAVE	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BROOKER, PAUL	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed

Dated 8/22/2022

- DocuSigned by:

Paul Brooker

Signature of a member or authorized representative of a member

Paul Brooker, General Counsel

Typed or printed name of signee

Filing Fee: \$25.00