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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 : (614)573-3996 Fax Number

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

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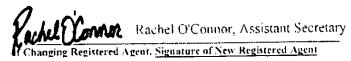
AUG 25 2022 K. Brumbley DocuSign Envelope ID: BD9305BF-99E3-4854-99B9-DE9140E37C72

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

De Salvo Tire, LLC. (Name of the Limited)	Liability Compa Florida Limited L	ny ay it non-appears on our re liability Company)	cords.)		
The Articles of Organization for this Limited Liab Florida document number <u>L16000109530</u>	oility Company	were filed on 06/06/2016	. <u></u> u	and assi	gned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited <u>liab</u>	ility company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicab	ole:	3945 E FORT LOWELL I	ROAD #211		
Principal office address MUST BE A STREET		TUCSCON, AZ 85712			
Enter new mailing address, if applicable:		3945 E FORT LOWELL	ROAD #211		
(Mailing address MAY BE A POST OFFICE BOX)		TUCSCON, AZ 85712			
B. If amending the registered agent and/or req agent and/or the new registered office address Name of New Registered Agent:	gistered office : here: C T Corporatio		nter the name	of the nev	v <u>registe</u>
	1200 South Pir	ne Island Road	15 15 17;	30.	רח -
New Registered Office Address:	12107 Oxfall I II	Enter Florida street a	ddress [1]		<u> </u>
	Plantation		Florida 333	24 🛣	
		City	<u> </u>	Zif Qo nde —	_
New Registered Agent's Signature, if changing Re	gistered Agent:	<u>.</u>	• • • • • • • • • • • • • • • • • • • •	` c o	

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.



From: Lexus Wingo

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Docusign Envelope ID: BD9305BF-99E3-4854-99B9-DE9140E37C72
Hamenoning Authorized rerson(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
MGR	BARRON, DAVID S	1302-B EASTPORT RD.	🗆 Add
		JACKSONVILLE, FL 32218	■Remove
AMBR	PUCKETT, ANTHONY	3945 E FORT LOWELL ROAD #211	
		TUCSCON, AZ 85712	□Remove
			□Change
AMBR	ARMBRUSTER, GREG	3945 E FORT LOWELL ROAD #211	⊠ Add
		TUCSCON, AZ 85712	□Remove
			Change
AMBR	SCHEVE, DAVE	3945 E FORT LOWELL ROAD #211	∑.Add
		TUCSCON, AZ 85712	
			□Change
AMBR	BROOKER, PAUL	3945 E FORT LOWELL ROAD #211	图 Add
		TUCSCON, AZ 85712	
			☐ Change
			☐Add
			Remove
			□Change

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If amending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
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Dated	8/22/2022
Dated	Pred Brooker
	Signature of a member of all fill fill of the second state of a member
	Signature of a mentor of authorized representance of a mentor
	Paul Brooker, General Counsel
	Typed or printed name of signee