

8/23/22, 4:56 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000109530

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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
DESALVO TIRE OUTLET, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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AUG 25 2022
K. Brumblay

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

De Salvo Tire, 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 06/06/2016 and assigned
Florida document number L16000109530.

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)

3945 E FORT LOWELL ROAD #211

TUCSON, AZ 85712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3945 E FORT LOWELL ROAD #211

TUCSON, AZ 85712

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

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 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

Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If an existing 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 checked="" 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 | ARMBRUSTER, 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 |

