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COVER LETTER

	Registration Sec Division of Corp			
our inc		AS, TIRES & ACCESSORIES	SLLC	
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fec(s) are sub	mitted for filing.	·
Please ret	um all correspoi	ndence concerning this matter	to the following:	
		Joe Langston		
			Name of Person	
		FoSho Rims Tires And Ac	cessories LLC	
		.	Firm/Company	
		2475 Woodstork ct		
			Address	
		St Augustine, Fl 32092		
			City/State and Zip Code	
		Jlang32092@gmail.com	to be used for future annual report no	differentian)
5 C 4				mication
For lumne	er information co	oncerning this matter, please ca		
Joe Lang	ston		904 806-1390 at ()	
· ·	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

FOSHO RIMS, TIRES & ACCESSORIES	LLC			
(Name of the Limited Liab (A Flor	ollity Company as it now appears on our record ida Limited Liability Company)	<u>is.</u>)		
he Articles of Organization for this Limited Liability	Company were filed on 2/22/2018	and assigned		
lorida document number L1800047398				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the li	mited liability company here:			
te new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	O" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:		5 Vision		
Principal office address MUST BE A STREET ADI	DRESS)	HAY		
		OF O		
		ORPC PM		
nter new mailing address, if applicable:		08.A 70.		
Mailing address MAY BE A POST OFFICE BOX)		0		
. If amending the registered agent and/or registered agent and/or the new registered office ac	•	s, enter the name of the		
Name of New Registered Agent:		·		
New Registered Office Address:				
ALEXA AND AND AND AND AND AND AND AND AND AN	Enter Florida street address			
		lorida		
	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.

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
CEO	MCGLOCKIN, LARRY	7916 FALCON STREET	
		JACKSONVILLE, FL 32244 UN	= Remove
			☐ Change
CEO	MCGLOCKING, LARRY	7916 FALCON STREET	■ Add
		JACKSONVILLE. FL 32244 UN	☐ Remove
			□ Change
			☐ Remove
			Change
			Add
			Remove
			Change
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			Remove
			□ Change

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innelium dada. 16 ndh	er than the date o	(6):		(
reffective date is listed	i, the date must be spec	ific and cannot be p	ior to date of filing	or more than 90 days a	otional) fter filing.) Pursuant	to 605.02
	ted in this block doe ate on the Departme			filing requirements, (his date will not b	e listed :
	·					
record specifies	a delayed effec	tive date, but	not an effectiv	ve time, at 12:0:	La.m. on the e	earlier
	er the record is					
ted						
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-	Signatu	re of a member of a	nhorized representa	tive of a member		_

Page 3 of 3

Filing Fee: \$25.00