11800170420

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500316431045

08/01/18--01007--013 **30.00

2011 AUG-1 PH 2: 42
SECRETARY OF STATE

n RRUCE AUG 08 2018

COVER LETTER

TO: Registration Section Division of Corpor		*		
SUBJECT:	Tireswing Name of Lim	Soutions L.L.C. ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Dal	e Larkin Name of Person		
		Name of Person		
	Tire	Firm/Company	ис	
	32	711 Ave	<u>.</u>	
_		City/State and Zip Code Sulvitions @gmail.		SECRET
For further information cone			í	(v)
Dale L Name of Pe	ar Kin	at (35Z) 458 - Area Code Daytime T	1314 elephone Number	T PH 2: 42
Enclosed is a check for the for	ollowing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fo Certificate of S Certified Copy (additional copy is	Status &

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

(Name of the Limited Viability Company as it now appears on our records.)					
(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 we	tre filed on $\frac{1.15-20}{1.15-20}$	and assigned			
Florida document number <u>L/8000 170 420</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company here:				
Tireswing Solutions L. The new name must be distinguishable and contain the words "Limited Liability	L.C.				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	NIA				
<u>-</u>					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	NIA				
-		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered office	a address on our records on	tor the name of the new			
registered agent and/or the new registered office address here:	· · ·	ter the name of the new			
	1	7			
Name of New Registered Agent:	- N / ik	SEC.			
New Registered Office Address:) - 10	AND SOLUTIONS			
	Enter Florida street address	SE Y			
	, Florida	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
N. B. J.	City	O SZip Code			
New Registered Agent's Signature, if changing Registered Agent:		LOA LO			
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per	o act in this capacity. I further	agree to comply with the			
accept the obligations of my position as registered agent as pro	vided for in Chapter 605, F.S. (Or, if this document is			
being filed to merely reflect a change in the registered office add	dress, I hereby confirm that the	limited liability			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 N(A	Type of Action
		10 ()	
			□ Remove
			☐ Change
<u></u>			
			Remove
			Change
			Remove
			☐ Change
			☐ Remove.
			ALLAND Conge
			m-4D Add
			FLORIDA FLORIDA
			□ Change
			☐ Remove
			Change

). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	O-(P(
	2916 TALL	
	AHA AHA	1 {
—- -	OF STATE FLORIDA	
	ORIO TO THE STATE OF THE STATE	-
	>''' N	
F.G. attack	NA WAR TO BE	
(If an effecti Note: If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.	of:
Dated	July 28 . 2018 .	
	Qle 200	
	Signature of a member of audionized representative of a member	
	Dale Larkin	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00