119000027043

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT:	Lou Webber Name of Lim	Tire and flutorn ited Liability Company	otive, LLC
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
		Inn Roesser Name of Person	
	Lou Webb	er Tire and Auto	omotive, LLC
	2203 Ha	milton Street	
	Jacksonvill	e FL 32210 City/State and Zip Code	
	Louvelb E-mail address: (City/State and Zip Code A Hire auto & a look to be used for future annual report notifications.	mail com
For further information c	oncerning this matter, please ca	all:	
Lynn JName o	Roesser	at (<u>904</u>) <u>783</u> - Area Code Daytime	- 6466 Telephone Number
Enclosed is a check for the	ne following 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 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

Lou	Vebber Tire and	Automotive, LC
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	Automotibe, LC
The Articles of Organization for this Limited Liabil Florida document number <u>L 1900002704</u>	ity Company were filed on	
This amendment is submitted to amend the followir	ıg:	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or in registered agent and/or the new registered office		ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	
_	City	, Florida 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
<u>MGR</u>	Lewis L. Webber		
		2203 Hamilton Street Building I Jackson ville, FC 32210	Remove
		Jackson ville, FC 32210	Change
			Add
			☐ Remove
			☐ Change
			
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Note: If the	date inserted i effective date o	in this block (does not i	meet the	applicab	le statuto	ry filing r	equiremen	ts, this d	ate wil	l not b	e liste	d as
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Dated		·		// //)							

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Filing Fee: \$25.00