## L19000068136

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	tion Section of Corporations	
	1 Tire and Automotive, LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are sub	omitted for filing.
Please return all co	orrespondence concerning this matter	to the following:
	Eddie J. Marreno	
		Name of Person
	L&M Tire and Automotive	e, LLC
		Firm/Company
	P.O. Box 60541	
		Address
	Jacksonville, Florida 3223	6
	emarreno@gmail.com	City/State and Zip Code
		to be used for future annual report notification)
For further informa	ation concerning this matter, please ca	all:
Eddie J. Marreno		904 591-2689 at ( )
N	lame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
<b>■</b> \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&M Tire and Automotive, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	,
he Articles of Organization for this Limited Liability Com	pany were filed on 03/11/2019	and assigned
lorida document number L19000068136		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he 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 ADDRES	<u>S)</u>	1
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. 0.
	<del></del>	
<ol> <li>If amending the registered agent and/or registered of gent and/or the new registered office address here:</li> </ol>	fice address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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
v	Ted Steven Little	6256 Flag Run Drive	□Add
		Jacksonville, Florida 32234	<b>■</b> Remove
			□Change
		<u> </u>	□ Add
			□Remove
			Change
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ective date, if other than effective date is listed, the date e: If the date inserted in the ument's effective date on the	must be specific and of s block does not me	cannot be prior to de cet the applicable	ate of filing or more the	(optional in 90 days after filin tirements, this dat	g.) Pursuant to 605.020
cord specifies a delayed effe ; filed.	ctive date, but not a	in effective time,	at 12:01 a.m. on the	carlier of: (b) T	he 90th day after the
August 2nd		2021			
SII.	3,110.	$c$ . $\sim$			

Typed or printed name of signee