8/23/22, 5:03 PM

Division of Corporations

## Florida Department of State

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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 : (614)573-3996 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

[mail	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIRE OUTLET ORMOND BEACH, LLC

Certificate of Status	Ü
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Page Count	04
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MG 25 2022

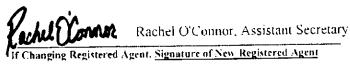
To:

DocuSign Envelope ID: BD9305BF-99E3-4854-99B9-DE9140E37C72

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Outlet Ormond Beach LLC						
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records.) lability Company)				
the Articles of Organization for this Limited Liab lorida document number <u>L19000213010</u>	oility Company	were filed on <u>08/20/2019</u>	andassigned			
his amendment is submitted to amend the follow	ving:					
a. If amending name, enter the new name of t	he limited liab	ility company here:				
he new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."			
Inter new principal offices address, if applical	ble:	3945 E FORT LOWELL ROAD #21	<u> </u>			
Principal office address MUST BE A STREET		TUCSCON, AZ 85712				
Enter new mailing address, if applicable:		3945 E FORT LOWELL ROAD #211				
Enter new mailing address, it applicante:  Mailing address MAY BE A POST OFFICE BOX)		TUCSCON, AZ 85712				
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office : . here:	address on our records, <u>enter the 1</u>	name of the new register			
Name of New Registered Agent:	CT Corporation	in System	- 28			
New Registered Office Address:	1200 South Pine Island Road		2 F			
	Plantation	Emer Florida street address , Florida	33324′ <b>6</b>			
Now Registered Agent's Signature, if changing R	egistered Agent	City	Zup Code			

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.



From: Lexus Wingo

To:

OccuSign Envelope ID: BD9305BF-99E3-4854-99B9-DE9140E37C72
It amending Authorized Terson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2022-08-23 15:05:17 CST

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BARRON, DAVID S	479 ZOO PARKWAY	□Add
		JACKSONVILLE, FL 32226	⊠Remove
			☐ Change
AMBR	PUCKETT, ANTHONY	3945 E FORT LOWELL ROAD #214	×Add
		TUCSCON, AZ 85712	□Remove
			□ Change
AMBR	ARMBRUSTER, GREG	3945 E FORT LOWELL ROAD #211	
-		TUCSCON, AZ 85712	Remove
AMBR	SCHEVE, DAVE	3945 E FORT LOWELL ROAD #211	🗷 Add
		TUCSCON, AZ 85712	□Remove
			[] Change
AMBR	BROOKER, PAUL	3945 E FORT LOWELL ROAD #211	🖪 Add
		TUCSCON, AZ 85712	□Remove
			□Change
			□Add
			□Remove
			☐ Change

To:

DocuSign Envelope ID: 8D9305BF-99E3-4854-99B9-DE9140E37C72

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