

8/23/22, 5:05 PM

Division of Corporations

Florida Department of State
Division of Corporations
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L20000102028

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (954)208-0845
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TIRE OUTLET YULEE, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FL 09000

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AUG 25 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Outlet Yulee, LLC

(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 were filed on 04/13/2020 and assigned
Florida document number L20000102028.

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3945 E FORT LOWELL ROAD #211

(Principal office address MUST BE A STREET ADDRESS)

TUCSCON, AZ 85712

Enter new mailing address, if applicable:

3945 E FORT LOWELL ROAD #211

(Mailing address MAY BE A POST OFFICE BOX)

TUCSCON, AZ 85712

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

City

33324

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.



Rachel O'Connor, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

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namending 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BARRON, DAVID S	1302-B EASTPORT RD.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PUCKETT, ANTHONY	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARMBRUSTER, GREG	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCHEVE, DAVE	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BROOKER, PAUL	3945 E FORT LOWELL ROAD #211	<input checked="" type="checkbox"/> Add
		TUCSCON, AZ 85712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

