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Division of Corporations

Florida Department of State

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**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

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Help

AUG 25 2022

From: Lexus Wingo

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Outlet Yulee, LEC			
(Name of the Limi	ted Liability Comp (A Florida Limited	iny as it now appears on our recor liability Company)	r <u>ds.)</u>
The Articles of Organization for this Limited I. Florida document number 1,20000102028	iability Company	were filed on04/13/2020	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liah	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		3945 E FORT LOWELL RO.	
(Principal office address MUST BE A STREE		TUCSCON, AZ 85712	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3945 E FORT LOWELL F TUCSCON, AZ 85712	ROAD #211
B. If amending the registered agent and/or ragent and/or the new registered office addressing Name of New Registered Agent:			r the name of the new registere
New Registered Office Address:	1200 South Pir	e Island Road	SS 2 FA
	Plantation	Enter Florida street addre	Clorida 33742 5
		Ciry	Tip 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.



DocuSign Envelope ID: 8D9305BF-99E3-4854-99B9-0E9140E37C72
Trainending Authorized rerson(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

Page: 4 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BARRON, DAVID S	1302-B EASTPORT RD.	□Add
		JACKSONVILLE, FL 32218	≅Remove
AMBR	PUCKETT, ANTHONY	3945 E FORT LOWELL ROAD #211	• Add
		TUCSCON, AZ 85712	□Remove
			□ Change
AMBR	ARMBRUSTER, GREG	3945 E FORT LOWELL ROAD #211	🗷 Add
		TUCSCON, AZ 85712	□Remove
			□Change
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
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			□Add
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Page: 5 of 5

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Paul Brooker, General Counsel		Typed or printed name of signee