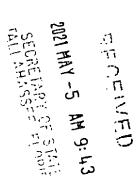


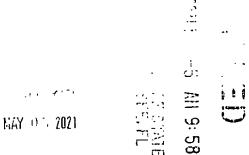
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
□ PIC~ D WAIT □ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer





05/05/21--01002--008 **50.00





COVER LETTER

Division of Corporations		
SUBJECT: Discount Tires & Acto Services LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:		
Judgais Arilus Name of Person		
Discount Tires & Auto Services LLC Firm/Company		
2105 Lake Bradtord Rd Address		
City/State and Zip Code City/State and Zip Code		
For further information concerning this matter, please call:		
Jodanis Avilus at (850.) 544.7234 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount: \$25.00 Filing Fee		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

ΓO:

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

(A Florida Limited Li	addite, Company)
The Articles of Organization for this Limited Liability Company velocida document number <u>£210000 98321</u> .	were filed on $3/9/2/$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	2105 hake Bindtoid Pd
(Principal office address MUST BE A STREET ADDRESS)	Tall F1 32310
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAMe
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Jacks.cis	Aurlus
New Registered Office Address: 2/0 5	Enter Florida street address
Tall	, Florida 323/t) City Zip 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

anging Registered Agent, Signature of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

famending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added r removed from our records:

IGR = Manager

MBR = Authorized Member Type of Action Address Name litle 114 Ridge Rel TG11 F1 323 05 COXED AMBR Jalgas Avilys _____ Change _____ □Change _____ □Remove _____ □Change Remove ______ Change _____ □Add