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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STARLIALLAHASSEC, FLUGAL

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Tire Outlet Dunn Ave., LLC SUBJECT: _ 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: Samuel L. LePrell Name of Person Samuel L. LePrell, Attorney and Counselor at Law Firm/Company 1930 San Marco Boulevard, Suite 201, St. Mark's Place Address Jacksonville, Florida 32207 City/State and Zip Code samleprell@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samuel L. LePrell Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Outlet Dunn Ave., LLC		202 SH FAL
(<u>Name of the Limited I</u> (A F	iability Company as it now appears on our records.) Torida Limited Liability Company)	APR T
The Articles of Organization for this Limited Liabil Florida document number 1.22000100352		and assigned
This amendment is submitted to amend the following	ng:	1. 8 1.
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	?:	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or regis		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u>-</u>	, Flori	da
	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 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
MGR	Tire Outlet Holdings, Inc.	1302-B Eastport Road	□Add
		Jacksonville, Florida 32218	
MGR David S. Barr	David S. Barron	1302-B Eastport Road	≡ Add
		Jacksonville, Florida 32218	_
			□Change
		□Add	
	·····	□Remove	
		□Change	
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Effective date, if other than	the date of filing.			(optional)	
(If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be specific and ca is block does not med	nnot be prior to date of t the applicable stat	filing or more than 90 day	s after filing.) Pursuant to 60	05.0207 (3) sted as the
he record specifies a delayed eff ord is filed.	ective date, but not an	effective time, at 1.	2:01 a.m. on the earlier	of: (b) The 90th day aft	er the
Dated March 28,		2022			
	1012.	•			
	STE	nber or authorized rep			

Typed or printed name of signee