8/23/22, 5.14 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (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.

Email	Address:	
Elliatt	MUUI COO.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIRE OUTLET DUNN AVE., LLC

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AUG 25 2022 K. Brumbley

From: Lexus Wingo

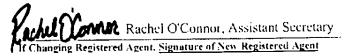
OccuSign Envelope ID: 8D93058F-99E3-4854-9989-DE9140E37C72

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Outlet Dunn Ave., LLC			:
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited L. Plorida document number <u>L22000100352</u>	iability Company	were filed on 02/25/2022	andassigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	sords "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3945 E FORT LOWELL ROAD #2	
(Principal office address MUST BE A STREE		TUCSCON, AZ 85712	
Enter new mailing address, if applicable:		3945 E FORT LOWELL ROAD #2 TUCSCON, AZ 85712	11
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	100300N, NZ 83712	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here:	address on our records, enter the	name of the new registers
Name of New Registered Agent:	C T Corporation	on System	- SS
New Registered Office Address:	New Registered Office Address: 1200 South Pir		
	Plantation	Enter Florida street address	33324 🔀
		City	· - Zīp Cor to

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.



From: Lexus Wingo

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

2022-08-23 15:16:39 CST

MGR = Manager AMBR = Authorized Member

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

To:

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i ameni	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	tive date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12 01 a.m. on the earlier of (b). The 90th day after the d.
Dated _	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee