

8/23/22, 5:14 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000100352

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

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 DUNN AVE., LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

APPROVED
AND
FILED

2022 AUG 24 AM 8:59

SECRETARY OF STATE
JAILAN HASSER, PH.D.

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Corporate Filing Menu

Help

AUG 25 2022
K. Brumby

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Outlet Dunn Ave., 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 02/25/2022 and assigned
Florida document number L22000100352.

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:

(Principal office address MUST BE A STREET ADDRESS)

3945 E FORT LOWELL ROAD #211

TUCSCON, AZ 85712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3945 E FORT LOWELL ROAD #211

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

Rachel O'Connor, Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
ALL AMENDMENTS
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Maneuvering 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

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12 (1) a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00