(Requestor's Name)	
··· <u> </u>	(4.1.1	
((Address)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
	(Address)	
,	, ware 337	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	L	
(Business Entity Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
	Document Number)	
· ·	, Doddinoni i vambor j	
(Addr (Addr (City/	_ Certificates of S	Status
Special Instructions to	Filing Officer:	
oposisi matruchona to i	may Officer.	

Office Use Only



300409889303

Ø

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	RCF TIRE	S LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RENIOY FE	ERCUS ON Name of Person	
	RCFML	11-18-LUICES L	
	RCF TIRES LLCC Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: RCF MULL SOLICES LLC Firm/Company		
	DRLANDO F	City/State and Zip Code	
	Remioy Fero 11.	50-369 meel -C	_e
For further information	concerning this matter, please ca	all:	
RENIOY FE	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Remove Ferror		
,		,	
Enclosed is a check for	the following amount:		
₹ 25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addra Registration		Street Address: Registration Sec	tion_

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

4.	U		
ARTICLES OF O		• •	1-17
0			• -
(Name of the Limited Liability Compa (A Florida Limited I	ES LLC	023 JUN -5 	Při 1:45
(Name of the Limited Lightlity Compa (A Florida Limited I	ny as it now appears on our i .iability Company)	ecords.)	5 ST. 15
The Articles of Organization for this Limited Liability Company Florida document number <u>LZZ00040650</u> 3	were filed on $\frac{5/3}{}$	1/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil. C. F. M. L. T. SER. The new name must be distinguishable and contain the words "Limited Liabil."	<u></u>	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>c</u>	nter the nam	e of the new register
Name of New Registered Agent: New Registered Office Address:	N/A N/A		
	Enter Florida street d	address	
		_, Florida	
	City		Zin 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Anthorized	Member

<u>Title</u>	Name .	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			☐ Change
			□Add
			□ Remove
			□ Change

								_
								_
'								
								
								_
								
					-			
.		** *						
								_
						<u> </u>		
•								_
		,		·				
<u>iote:</u> If the o	date inserted in	an the date of late must be speci this block does in the Departmen	s not meet the	: applicable st	atutory filing re	equirements, this	onal) filing.) Pursuant to date will not be	605.0207 listed as
record speci I is filed.	fies a delayed e	effective date, b	ut not an effe	ective time, at	12:01 a.m. on	the earlier of: (b)) The 90th day a	.fter the
ated	15/23	00	·	·				
		## #	a .vf a	or and had		a member		

Filing Fee: \$25.00