

L22000438849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

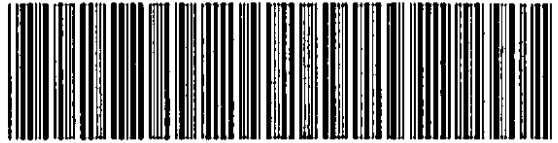
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bargain Tires FL 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:

Jason Wilson

Name of Person

Firm/Company

221 Cimarron Dr

Address

Kissimmee, FL 34759

City/State and Zip Code

bargaintiresfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Wilson

407

486-5484

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jason A Wilson	221 Cimarron Dr, Kissimmee, FL 34759	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Noel O Ebanks Jr	347 Erie Ct, Kissimmee, FL 34759	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		change from AR to AMBR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

F. 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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 3, 2022

24

Signature of a member or authorized representative of a member

member

Jason A Wilson

Noel O Ebanks Jr

Typed or printed name of signee

Filing Fee: \$25.00

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L22000438849
FILED 8:00 AM
October 11, 2022
Sec. Of State
vherring**

Article I

The name of the Limited Liability Company is:

BARGAIN TIRES FL LLC

Article II

The street address of the principal office of the Limited Liability Company is:

400 AVENUE R SW
WINTER HAVEN, FL. 33880

The mailing address of the Limited Liability Company is:

221 CIMARRON DR
KISSIMMEE, FL. 34759

Article III

The name and Florida street address of the registered agent is:

JASON WILSON
221 CIMARRON DR
KISSIMMEE, FL. 34759

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JASON WILSON

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AR
NOEL O EBANKS JR
347 ERIE CT
KISSIMMEE, FL. 34759

L22000438849
FILED 8:00 AM
October 11, 2022
Sec. Of State
vherring

Article V

The effective date for this Limited Liability Company shall be:

10/11/2022

Signature of member or an authorized representative

Electronic Signature: JASON WILSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.