## L23000243217

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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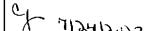




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## COVER LETTER

	ration Sec on of Corp			
	O TIRES L			
SUBJECT:		Name of Limi	ted Liability Company	<del></del>
The enclosed A	rticles of A	tmendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	idence concerning this matter	to the following:	
		CHARLOTTE GIVENS		
			Name of Person	· · · · ·
		GIVEN FINANCIAL LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1725 W DR MLK JR BLV	D, SUITE 107	
			Address	
		TAMPA, FL 33607		
		-	City/State and Zip Code	<u></u>
		GIVENFINANCIAL@GM	AIL.COM to be used for future annual report noti	Hantion
				neation
For further into	rmation co	encerning this matter, please ca	aur.	
CHARLOTTE			813 390-9935 at ()	
-	Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a cl	neck for th	e following amount:		
■ \$25.00 Fili	ng Fec	□ \$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)
Regis Divis P.O.	Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zip Code

YO TIRES LLC	2023 JUN - 1 AM 7: 54
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	uppears on our records.) pany)
	MLL. LUSEE, FL
The Articles of Organization for this Limited Liability Company were filed o	on <u>5/1 // 2023</u> and assigned
Florida document number L23000243217	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter Florida street address
	. Florida

## 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.

City

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
AMBR	MARIO VERNON	4310 WEST ARCH STREET	□Add
		TAMPA, FL 33607	<b>≡</b> Remove
		<del></del>	□Change
MGR	ARCH STREET LEGACY HOLDI <b>NGS</b>		
		TAMPA, FL 33569	□Remove
			🗆 Change
			□Add
			Remove
			Change
			□Add
			🗖 Remove
			Change
	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

11 amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
_	
-	
_	
_	
_	
(If an effec Note: If	e date, if other than the date of filing:
he record ord is filed	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 _	May 30th 2023
	Signature of a member or authorized representative of a member
	Charlotte Givens Typed or printed name of signee

Filing Fee: \$25.00