

L23000243217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

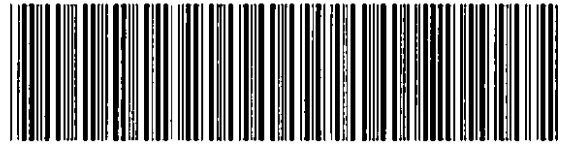
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLahas, KY

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **YO TIRES 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:

CHARLOTTE GIVENS

Name of Person

GIVEN FINANCIAL LLC

Firm/Company

1725 W DR MLK JR BLVD, SUITE 107

Address

TAMPA, FL 33607

City/State and Zip Code

GIVENFINANCIAL@GMAIL.COM

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

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TALLAHASSEE, FL

1717 110

For further information concerning this matter, please call:

CHARLOTTE GIVENS

813

390-9935

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>
MGR	MARIO VERON	2123 WEST ARCH STREET	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARCH STREET LEGACY HOLD	11416 ESTUARY PRESERVE DR	<input type="checkbox"/> Add
		TAMPA, FL 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRET/RY OF STATE
TALLAHASSEE, FL

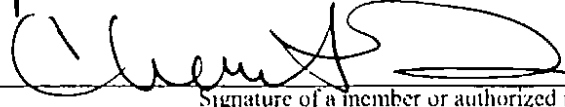
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SEP 21 11:07 AM
2023 SEP 21 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 9/1/2023 (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 Sept. 18, 2023



Signature of a member or authorized representative of a member

Charlotte Given

Typed or printed name of signee