

L10000027850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

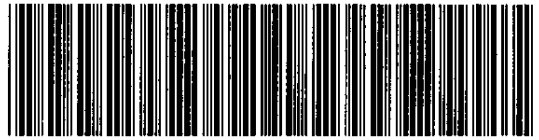
(Business Entity Name)

(Document Number)

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03/31/10--01038--004 \*\*25.00

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10 MAR 31 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR -1 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LUCKY TOWING SERVICES, 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:

**LIZETTE Y. CAMARGO**  
Name of Person

**LUCKY TOWING SERVICES, LLC**  
Firm/Company

**12080 SW 127th Avenue**  
Address

**Miami , Florida 33186**  
City/State and Zip Code

**luckytowing625@gmail.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Lizette Y. Camargo** at ( **786** ) **306-9092**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**LUCKY TOWING SERVICES, 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 03/12/2010 and assigned Florida document number 10000027850.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12080 SW 127th Ave. #190

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33186

Enter new mailing address, if applicable:

SAME AS ABOVE

**(Mailing address MAY BE A POST OFFICE BOX)**

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**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:

LIZETTE Y. CAMARGO

New Registered Office Address:

12080 SW 127 Ave. #190

*Enter Florida street address*

Miami

Florida

33186

*City*

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

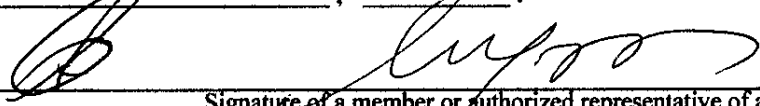
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GERMAN ALVERO V.	12725 SW 32 Terrace Miami, FL 33175	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GERMAN ALVERO C.	12725 SW 32 Terrace Miami, FL 33175	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LIZETTE Y. CAMARGO	12080 SW 127 Ave. #190 Miami, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 MAR 31 PM 2:17  
 SECRETARY OF STATE  
 ALLAHASSEE FLORIDA  
**FILED**

Dated March 29, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
GERMAN ALVERO LIZETTE Y. CAMARGO  
 \_\_\_\_\_  
 Typed or printed name of signee