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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT:	O NO TOWING LIC Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	William W. Oliver IV Name of Person
	O No Towing LLC Firm/Company
	5818 Hill-top Ave
	Parama City Beach F1 32408
-	E-mail address: (to be used for prime annual report notification)
For further information cond	perning this matter, please call:
William Name of Pe	W. Oliver IV at (850) 867 · 3095 Area Code & Daytime Telephone Number
Enclosed is a check for the f	following amount:
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

• :

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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

FILED

ARTICL	ES OF ORGANIZATION OF	
	Or	SECRETARY OF STATE TALLAHASSEE, FLORIDA
O No To	wing. LLC.	
(Name of the Limited Liab (A Flori	ility Company as it now appears on o da Limited Diability Company)	ur records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>4 </u>	and assigned
Florida document number 11200058	طل	
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the	limited liability company here:	
ALL ONE INDIC	stries IIC	
The new name must be distinguishable and end with the "L.L.C."		e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET AD	DRESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our re	cords, enter the name of the new
Name of New Registered Agent:		·····
New Registered Office Address:		
	Enter Flo	rida street address
	Cit	, Florida
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ='Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	Add
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June		., 2013		
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	Nelle	11 / 11 / 1/N		

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Filing Fee: \$25.00

SECRETARY OF STATE