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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-





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SECRETARY OF STATES
SECRETARY OF STATES



COVER LETTER

	r pistration Sa rision of Cor				
SUBJECT:	T & P Qual	ity Towing, LLC.			
SUBJECT.		Name of Lim	ited Liability Company		
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Piease return	a all correspo	ndence concerning this matter	to the following.		
		Enock Israel Owiti			
			Name of Person	•	
		T & P Quality Towing, LL	C.		
			Firm/Company		
		4686 South Kirk Road			
			Address		
		Lake Worth, Florida, 3346	1		
		,	City/State and Zip Code		
		trimnpretty@yahoo.com	to be used for future ennual report notific		
For summer u	mF====================================	L-mail address. (I		,	
Enock Israel		oncerning this matter, pieese ca	954 8290015	2815 DEC 10 SECRETARY SECRETARY Number Patternone Number	71
	Name o	r Person	at (Daytime Daytime	rri	
Enclosed is	a check for th	ne following amount:		T P -	D
\$25.00 F	Filing Foo	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fitting Foe & Cortified Copy (additional copy is enclosed)	Cortificate of tatus & Cortificate Copy (additional copy is anciosed)	,

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailanessee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T & P Quality Towing, LLC.			
(Name or the Lim	ted Liability Compai (A Florida Limited L	ny as it new appears on our records.)	
The Articles of Organization for this Limited L Florida document number	Liability Company	were filed on 09/06/2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liebi	Hty company here:	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appil		Same as before	
Enter new malling address, if applicable:	<u> </u>	Same as before	
B. Ir amending the registered agant and registered agant and/or the new registered of Name of New Registered Agant: New Registered Office Address:			SECRETIANY
		Enter Florida street address	F S
New Registered Agent's Signature, if changing	Registered Agent:	City	Die Coop

New Registered Agent's Signature, it 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.

It 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

Title	Name	Address	Type of Action
AMBR	Jason Oluoch Owiti	4686 South Kirk Road,	= Aaa
		Lake Worth, Florida, 33461.	Romovo
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			_ Add
	 	Remove	
			☐ Change
			Add
			□ R _{emove}
			☐ Change
			SECRETAL SALLAHAS
			SECOND OF THE
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	田田 日本
	12/6/2015
effer	a date, if other than the date of filing: (optional) (ive 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 60%
ume	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	29 C
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
he 9	10th day after the record is filed.
ed	
	11/4 8ka/t-
	U/VSAPRA/Y Y
	Signature of a member of authorized representative of a member

Page 3 or 3

Filing Fee: \$25.00