L16000086068

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(City/State/Zip/Phone #)
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COVER LETTER

Division of Cor	rporations				
	st Roadside LLC				
SUBJECT:	Name of Lim				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
	ondence concerning this matter				
rease return an correspo	nuonoe conserming and marror				
	Jennifer Briggs				
Name of Person					
	Sentinel CFO Sources LLC				
	Firm/Company				
	17862 Hunting Bow Cir Ste 101				
	Address				
	Lutz, FL 33558				
		City/State and Zip Code			
	jennifer@cfosources.com				
	E-mail address: (1	to be used for future annual report notif	ication)		
For further information c	concerning this matter, please ca	all:		7A 2	
James Antis		352 843-7879 at ()		2017 MAR 16 NECRETARY NLLAHASSEE	
Name o	of Person		Telephone Number	ASS	
				SEE.	
Enclosed is a check for the	he following amount:		!	EFES FE	111
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificates Certificates Certified Co (additional co	of Status &	

TO:

Registration Section

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

Nature Coast Roadside LLC					
(Name of the Limite	d Liability Compa A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Lie Florida document number L16000086068	ability Company 	were filed on 05/02/2016	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
Silver Springs Towing LLC					
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."		
Enter new principal offices address, if applica	ıble:	4909 NW 57th Ln			
(Principal office address MUST BE A STREE		O1- EL 24492			
	4000 NIW 67th I	<u> </u>			
Enter new mailing address, if applicable:		4909 NW 57th Ln			
(Mailing address MAY BE A POST OFFICE L	3 <i>0X</i>)	Ocala, FL 34482			
B. If amending the registered agent and/o	or registered of	ffice address on our records, enter	the name of the nev		
registered agent and/or the new registered off	ice address her	<u>e</u> :			
Name of New Registered Agent:	James Antis				
New Registered Office Address:	4909 NW 57th	Ln			
new Registered Office Address.	Ocala	Enter Florida street address , Florida 344 City	2017 SEC TALGE		
New Registered Agent's Signature, if changing R	egistered Agent:	Cîty	Zip Code		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my duties, and I am feorovided for in Chapter 605, F.S. Or, S	miliar with and If this dacument is		
	,				

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Type of Action
MGR	James Antis	4909 NW 57th Ln	A dd
		Ocala, FL 34482	□ Remove
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ective date, if other than n effective date is listed, the dat te: If the date inserted in the cument's effective date on t	e must be specific an his block does not	nd cannot be prior meet the applic	able statutory fi	r more than 90 days a	ptional) after filing.) Pursi this date will n	uant to 605,020 iot be listed a
record specifies a del he 90th day after the			t an effectiv	e time, at 12:0	1 a.m. on th	ne earlier o
March 9		2017	<u></u> .			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee