h21 000 121130

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Runny Tavarez Advised to Add Add: timal changes |
| Acki Himal Charges |
| 10/3/21 (4) |

Office Use Only



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COVER LETTER

| TO: | Registration So Division of Cor | | | |
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| SUBJEC | TOW LLO | | | |
| SUBJEA | JT: | | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | cturn all correspo | ondence concerning this matter | to the following: | |
| | | RÓNNY A TAVAREZ | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 14341 ISLAND COVE D | R | |
| | | | Address | |
| | | ORLANDO FL 32824 | | |
| | | ronny.tavarez@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For furth | er information c | oncerning this matter, please c | all: | |
| RÖNNY | ' A TAVAREZ | | 201 310-6842 | |
| | Name o | f Person | | ne Telephone Number |
| Enclosed | Lis a check for th | ne 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 Addres Registration 5 | | <u>Street Address:</u> Registration Se | ection |
| | Division of C | | Division of Co. | |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE

September 17, 2021

RONNY A. TAVAREZ 14341 ISLAND COVE DR ORLANDO, FL 32824

SUBJECT: ITOW LLC

Ref. Number: L21000121130

We have received your document for ITOW LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000011317 - JDL LOGISTICS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

irene Albritton Regulatory Specialist III

Letter Number: 821A00022588

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ompany as it now appears on our records.) inted Liability Company) | |
|--|---|
| pany were filed on 03/15/2021 | and assigned |
| | |
| I liability company here: | |
| | |
| Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| | 7.07 |
| <u> </u> | - 0 |
| | 30 FH 33:1-8 |
| | |
| office address on our records, <u>enter th</u> | ne name of the new regist |
| | |
| Enter Florida street address | |
| Fla | rida |
| City | Zip Code |
| | Liability Company here: Liability Company." the designation "LLC" of the designation of |

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 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.

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> | Address | Type of Action |
|--------------|------------------|---|-----------------|
| MGR | RONNY A TAVAREZ | 14341 ISLAND COVE DR ORLANDO, FL 32824 | = Add |
| AMBR | | | □Remove |
| | | | □Change |
| mar | Maria D. Pichard | 0 14341 Island Cove Orlando, Fl 32824 | <u>-</u> _ □∧dd |
| | | Orlando, 132824 | Remove |
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| , | WE WOULD LIKE TO UPDATE THE EXISTING EIN 86-2838510 FOR A NEW ONE |
|------------------|--|
| 1 | PLEASE SEE THE COPY ENCLOSE OF THE NEW EIN NUMBER 87-2453453 |
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| l an ei Note: | ive date, if other than the date of filing: (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the interest of the properties of the pr |
| reco d is f | rd 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 filed. |
| Inted | 09/28/2021 |
| , III C | |
| | Signature of amember or authorized representative of a member |