

L21000367667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

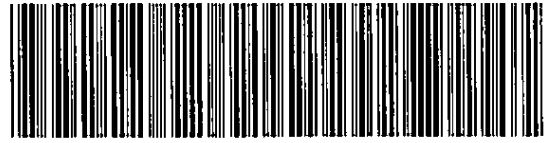
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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21 SEP 27 PM 12:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peluza Towing LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nisleidy Gonzalez
Name of Person
Peluza Towing LLC
Firm/Company
5215 32nd Ave Sw
Address
Naples, FL 34116
City/State and Zip Code
nisleidygonzalez@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nisleidy Gonzalez 239 641-0988
Name of Person at () Daytime Telephone Number
Area Code

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

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

Peluza Towing LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08/16/2021 and assigned Florida document number L21000367667.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, 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 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 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

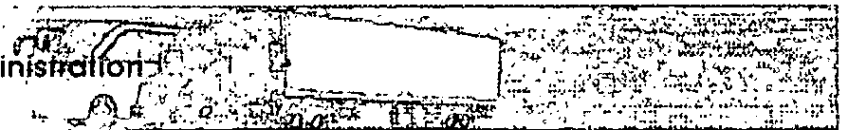
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Zenen, Viera	5215 32nd Ave SW	<input type="checkbox"/> Add
		Naples, FL, 34116	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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U.S. Department of Transportation
 Federal Motor Carrier Safety Administration
 FMCSA Registration



Confirmation Screen

USDOT Number:	3630153	Company Type:	CARRIER	Status:	ACTIVE
Legal Name:	SUN-GOOD OF NAPLES INC				
Physical Address:	4231 14TH AVE SE, NAPLES, FL 34117				

*Not needed
 for amend-
 ment filing.*

Your request has been processed.
 You should receive your PIN Notification Letter in a few d

September 21, 2021

