L22666697493

(Requestor's Name)	_			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
J. HORNE				
APR - 8 2022				

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JEUNETARY OF STATE

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22 APR -8 PM 12:

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: SVI	vias towing	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frank	Bada	
		Name of Person	
		Firm/Company	·
	2201 50	le Mia Sq Address	LN
	NUXHA Mia	City/State and Zip Code Howing a Smal. To be used for future annual report notific	8~
		City/State and Zip Code	
	SMV: 45-	touling (a) Small.	<u> </u>
	E-mail address: (to be used for future annual report notific.	ation)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at ()Daytime T	Celephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	 '	Street Address:	
Registration S Division of C		Registration Sect Division of Corpo	
P.O. Box 632	.7	The Centre of Ta	llahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -8 PH 12: 07

Sylvias towing	LLC SECRETARY OF STATE TALLAHASSEE, FLORES
(Name of the Limited Liability Compan (A Florida Limited L	iv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $L 22000097493$	were filed on $\frac{02/34/32}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
Sylvia's Automotive LL	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L.C." 1757 NW 21 ^{S+} S+ migm: FL 33/42
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Address Type of Action
ABA BR	Frank Bada	2201 Sole mia Sych BAdd
		AP+ 533
		North mium: FL 33181 Ochange
	W-19-1	□Add
		□Remove
		Change
		DAdd
		Петюче
		□Change
		□Remove
		Change
<u></u>		
		□Remove
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<u>inte:</u>	ive date, if other than the date of filing:
recoi d is fi	d 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 led.
ated	8 APril 2022

Filing Fee: \$25.00