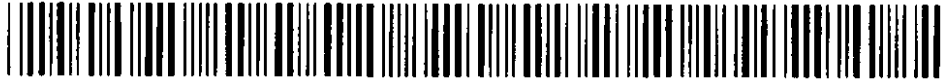


L23000465506
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003750113))



H2300037501134BCW

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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MPIRE TOWING & RECOVERY LLC

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COVER LETTER

(((H23000375011 3)))

TO: Registration Section
Division of Corporations

SUBJECT: MPIRE TOWING & RECOVERY LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON
Name of Person
Firm/Company
17350 STATE HWY 249 STE 220
Address
HOUSTON TX, 77064
City/State and Zip Code
EFILE1234@INCFILE.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at () 888-462-3453
Name of Person Area Code Daytime Telephone Number

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

(((H23000375011 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H23000375011 3)))

EMPIRE TOWING & RECOVERY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/09/2023 and assigned Florida document number L23000465506

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 "LLC"

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

((H23000375011 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: (((H230003/5011 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	STEPHANIE MARKANTONIS	1150 NW 72ND AVE TOWER 1 STE 455 #13285	<input type="checkbox"/> Add
		MIAMI FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H23000375011 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (2017) 3 (b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records)

If the record 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 record is filed

Dated October 27th 2023

Christopher Sanchez
Signature of a member or authorized representative of a member

Christopher Sanchez
Typed or printed name of signee

Filing Fee: \$25.00

(((H23000375011 3)))