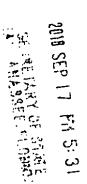
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M. MILLIGAN SEP 21 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Amrican Towing & Recovery 2000 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zhaleh Ershadi Name of Person
LLC Firm/Company
497 NW Selvit Z RD Address
Port St Lucie JFL 34983 City/State and Zip Code
E-mail address (to be used for future almual report notification)
For further information concerning this matter, please call:
2 haleh Ershadi Name of Person at (772) 2418-8005 Area Code Daytime Telephone Number 303-620-6404
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Compared to the process of the process o

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amrican Towing	A Florida Limited	ny as a now appears or liability Company)	our records.)	PITE
The Articles of Organization for this Limited Li Florida document number 1800062		were filed on <u>3</u> -	12-2018	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of American Towing & Re The new name must be distinguishable and contain the w	COVEV 4 ords "Limited Liabil	LC ity Company," the desig	nation "LLC" or the ab	
Enter new principal offices address, if applications (Principal office address MUST BE A STREE		601210T	och of Li	32-960
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered of			ar records, <u>enter</u>	the name of the no
Name of New Registered Agent:	Bahma	nyar Ersh	adi	
New Registered Office Address:		Street ou		
	ven	beach	, Florida	<u>32960</u> 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			[]F]Add
			Remove
			⊞Add
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Filing Fee: \$25.00