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APR 2 8 2020

S. YOUNG

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: 15+.	Howing Reco	OUPTY CLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
		Name of Person	 .
	1st towing	: Recovery LLC Firm/Company	
	75 West i	Uiana St Address	
	Griando Fl	32800 City/State and Zip Code	
Firm/Company 75 West Illiana st Address Grlando FC 3280c City/State and Zip Code Recurery traina 449 9 mail. Cam E-mail address: (to be used for litture annual report notification) For further information concerning this matter, please call: Andri Suner at (407) 446-036 Area Code Daytime Telephone Number			
For further information c	oncerning this matter, please ca	all:	
Andri Si Name o	ANEV f Person	at (<u>407.</u>) <u>446 -</u> Area Code Daytim	0361 e Telephone 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
1 .O. DOX 002	· F	THE COME OF I	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15t towing - Recoverd (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	86.) 15 T
The Articles of Organization for this Limited Liability Company Florida document number <u>LITOXXXXX592</u> .	y were filed on $\frac{10/5/c}{}$	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N	\
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	T V
	, Fi	lorida
	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>	Address	Type of Action
MGR.	Adriana garcia.	75 west illiana st Orlando Fl. 32806	<u> M</u> Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe <u>Note:</u> l	ve date, if other than the date of filing:
e record rd is file	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 d.
Dated _	April, 13 2020
	Signature of a member or authorized representative of a member
	Andri Suner