

L05000088875

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

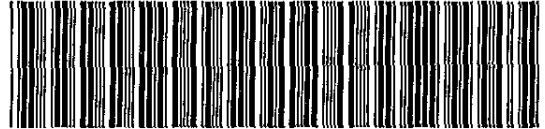
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMS MUDFLAP LLC

(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:

Crystal Narciso

(Name of Person)

(Firm/Company)

6610 NE 21st Lane

(Address)

Ft. Lauderdale, Fl. 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

C.Narciso or Anthony Deering

(Name of Person)

at

954

547-4511

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
09 SEP 22 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

EMS MUDFLAP

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on Sept 9, 2005 and assigned  
document number L05000088875

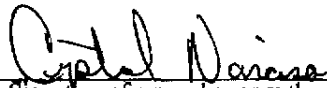
**SECOND:** This amendment is submitted to amend the following:

We would like the name of the company to be changed. The name  
should be: EMERGENCY MUDFLAP SYSTEM LLC,

Dated September 17, 2005

05 SEP 22 PM 12: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

  
Signature of a member or authorized representative of a member

Crystal Narciso

Typed or printed name of signee

**Filing Fee: \$25.00**