

L070000047941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

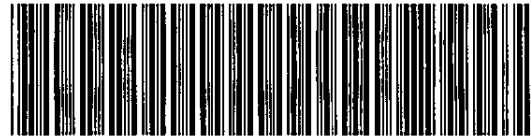
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV - 7 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Spratlin Towing & Recovery, 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:

Linda Brown

Name of Person

Firm/Company

24216 NW CR 235

Address

Lake Butler, FL 32054

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Brown

Name of Person

at

904

Area Code

904-9453

Daytime Telephone Number

352

745-1856

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 NOV -6 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sprattin 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 5/07/2007 and assigned
Florida document number L07000047941

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10875 US Hwy 301
Hampton, FL 32044

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10875 US Hwy 301
Hampton, FL 32044

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:

Kathleen S. Kosmos

New Registered Office Address:

5284 NW 216th Street

Enter Florida street address

Lawtey, Florida 32058
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.

Kathleen S. Kosmos
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

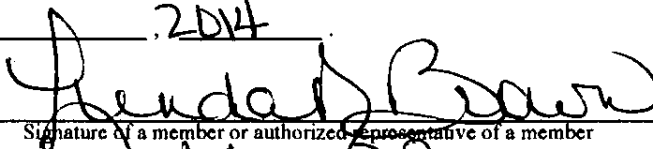
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Linda D Brown	24216 NW CR 235	<input type="checkbox"/> Add
		Lake Butler, FL 32054	<input checked="" type="checkbox"/> Remove
MGR	Kathleen S Kosmos	5284 NW 216 th St	<input checked="" type="checkbox"/> Add
		Lawtey FL 32058	<input type="checkbox"/> Remove
MGR	Peter G. Kosmos	5284 NW 216 th St	<input checked="" type="checkbox"/> Add
		Lawtey, FL 32058	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOV. 3, 2014



Signature of a member or authorized representative of a member

Linda Brown

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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