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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : AROUND THE CLOCK CONSULTING, INC.

Account Number: 120070000150 Phone : (954)731-9737 : (954)731-5413 Fax Number

PAGE 01/04

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ALL 4 TOWING, LLC

Certificate of Status	0
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J. BRYAN

MAY -1 2008

EXAMINER

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Corporate Filing Menu

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	COVER LETTER					
TO: Registration Section Division of Corporat	ions					
SUBJECT: A	(Name of Limited Liability Company)					
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.					
Please return all correspondence	e concerning this matter to the following:					
LAMARETS Cooper (Name of Person) Around The Clock Con Suthing, LLC (Firm/Company) 35 // W Commercial ## 402 (Address) Address) For further information concerning this matter, please call:						
(Name of Pers	at (95V) 73/-9137 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the foll	coving amount: 30.00 Filing Fee &\$55.00 Filing Fee &\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Registration Section Corporations Division of Corporations Clifton Building					

9211

9547315413 05/01/2008 10:29

	ARTI	ICLES OF AMI	ENDMENT		08 APR 30 M 9: 45
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	ANIK	OF	ANIZATION		SO COM
					至了
_ A1	1470	WING, L	LC		٩
(Nam	e of the Limited I (A]	Liability Company as Florida Limited Liabilit	it now appears on ou y Company)	ur records,)	- En
The Articles of Organization fo	т this Limited Lia	bility Company were	filed on	10/07	and assigned
1	07000071113			7	_
This amendment is submitted to	amend the follow	wing:			
A. If amending name, enter t	he new name of	the limited liability c	ompany here:		
he new name must be distinguis L.L.C."	hable and end with	the words "Limited L!	ability Company," the	e designation "L	LC" or the abbreviation
3. If amending the register			ddress on our re	cords, <u>enter th</u>	ie name of the ne
Name of New Registe	red Agent:				
New Registered Offic	e Address:	ΔM			
			(Enter Fla	orida street add	ress)
				, Florida	
		(Ci	(5)		(Zip Code)
New Registered Agent's Signatu	if show-iv- D				
A Mentiteren Wanter & Shall #	HETH CHARRING KO	eRiprolled Whent:			
hereby accept the appointm	ent as registered	l agent and agree to	act in this capacit	v. I further aon	ee to comply with
he provisions of all statutes	relative to the nr	oner and complete n	artermence of m	duties and In	ve se compry with m familian with a

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 608, 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)

05/01/2008 10:29 9547315413

or Man	eging Member being	added or removed from	our records:	
	Manager = Managing Membe	e r		
<u>Title</u>	<u>Name</u>	•	Address	Type of Action
MGR	La Mare	is Coopee	3511 W Commercial # 462 7+ Louderdal 71 53309	Add
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				PARTE OF PARTE
D. If an		1	e(s) here: (Attach additional sheets, if necessary.)	
	3511 W Comm	recial #402	Ft. Landerdale F1 33309	
	Reptice W:	th 2060 - 20	070 NW 29th Street.	
	•	Cakland	Park 71, 33311	
Dated _				
	LAm	_	or authorized representative of a member	
			or printed name of signee	

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Filing Fee: \$25.00