

LO7000112632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

SEP 20 2022

Office Use Only



100394656781

09/20/22--01006--015 **30.00

2022 SEP 20 PM 2:04
2022 SEP 20 PM 2:19
FALLAH/SECRETARY
FALLAH/SECRETARY

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secon Recovery + Towing 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:

Monica Schist
Name of Person

Secon Recovery + Towing
Firm/Company

PO Box 16097
Address

TLH, FL 32317
City/State and Zip Code

accounting@seconrecovery.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Schist at 305, 525-5835
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Secon Recovery & Towing 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 _____

Florida document number 107000112632

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company:

The new name must be distinguishable and contain 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)

2611 Springhill Rd
FL 32305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 16097
Tallahassee FL 32317

3. 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:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

4. If changing Registered Agent, the Registered Agent hereby accepts the appointment as registered agent and agrees 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Ricardo A. Galofe</u>	<u>P.O. Box 16097</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee FL 32317</u>	<input type="checkbox"/> Remove
	<u>Sechnist,</u>	<u>P.O. Box 16097</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Monica C</u>	<u>TLH, FL 32317</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width, providing space for writing. The paper itself is off-white or light cream-colored. There are no margins, text, or other markings present on the page.

9/20/22

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/20/22

Maxima Sechig T

Typed or printed name of signee

Filing Fee: \$25.00