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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	1
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(5)	A company to Normalia and	
(D0	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 0 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT: PRO TOV	VING SOLUTIONS,	LLC			
	(Name of Lim	ited Liability Company)			
The enclosed Articles of Am Piease return all corresponde					
<u> </u>	STEVE FORD		10 8884		
		(Name of Person)	IAL	35 8	
	PRO TOWING SOL	UTIONS, LLC	EAH)	OB APR 25	application of the same of the
		(Firm/Company)	ΰ	(%) 25	Concre
	4820 MT. PLEASAN	IT ROAD			m
•		(Address)		3: 08 STATE	J
	GROVELAND, FLO	RIDA 34736 (City/State and Zip Code)	<u> </u>	PH 3: 08	
For further information conc	erning this matter, please o	call:			
STEVE FORD		at (352) 267-1383			
(Name of P	erson)	(Area Code & Daytime	Telephone Number)	_	
Enclosed is a check for the f	ollowing 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 Fe Certificate of S Certified Copy (additional cop	Status &	sed)
MAILING	G ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Towing Solutions, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u> </u>	_	
The Articles of Organization for this Limited Liability Company were filed on <u>December 31, 2007</u>	∑ cand	S igr	ned
Florida document number <u>L0800000052</u>	TLAH!	APR	CHINARA
This amendment is submitted to amend the following:	ARY OF S	25 PM :	
A. If amending name, enter the new name of the limited liability company here:	TATE	3: 08	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L" "L.L.C."	LC" or t	he abb	reviation
B. If amending the registered agent and/or registered office address on our records, enter t registered agent and/or the new registered office address here: Name of New Registered Agent:	he nam	e of t	he new
New Registered Office Address:	drag)		
(Emer rioriaa sireei aac	(Enter Florida street address)		
(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 age the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the lin company has been notified in writing of this change.	am famil if this d	liar wi locume	ith and

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member **Title** Name | <u>Address</u> Type of Action MGRM Nancy Ford 4820 Mt. Pleasant Road ☐ Add Groveland Florida 34736 MGRM Shae Ford 4820 Mt. Pleasant Road Groveland, Florida 34736 MGRM <u>MGRM</u> Crystal Ford 4820 Mt. Pleasant Road \square Add Groveland, Florida 34736 Remove ∏Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 18 2008 Dated Signature of a member or authorized representative of a member STEVE FORD Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00