

LO90000011430

(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

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Turnpike 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:

Anthony Di Francesco Jr.  
Name of Person

Florida Turnpike Towing, LLC  
Firm/Company

3345 Okeechobee Road  
Address

Fort Pierce, FL 34947  
City/State and Zip Code

tri-auto@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Perce at (772) 465-5404  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**(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 2-3-2009 and assigned Florida document number L090000011430

**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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

**New Registered Office Address:**

Enter Florida street address

**, Florida**

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 608, F.S. 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 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

| <u>Title</u> | <u>Name</u>                       | <u>Address</u>                                    | <u>Type of Action</u>                                                      |
|--------------|-----------------------------------|---------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | The Car Store of West Orange, Inc | 12811 W Colonial Drive<br>Winter Garden, FL 34787 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                                   |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                   |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                   |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                   |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                   |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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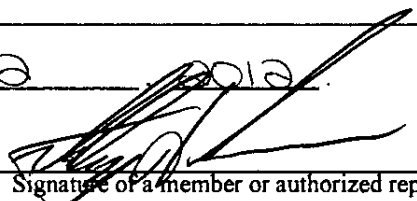


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Dated 8-2-2012



Signature of a member or authorized representative of a member

Anthony DiFrancesco

Typed or printed name of signee