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COVER LETTER ,

TO:	Registration Se Division of Cor								
		ring and Recovery, LLC							
SUBJECT: Name of Limited Liability Company									
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Pleas	e return all correspo	ndence concerning this matter	to the following:						
		Wesley Harley							
			Name of Person	· · · · · · · · · · · · · · · · · · ·					
			Firm/Company						
		101 S. Lake Avenue							
			Address						
		Saint Cloud, FI 34771							
		wesleyharley@yahoo.coi	City/State and Zip Code						
		E-mail address: (to be used for future annual report notifi	cation)					
For fi	urther information o	oncerning this matter, please c	all:						
Wes	ley Harley		407 908-9159						
	Name o	f Person	at () Area Code Daytime	Telephone Number					
Enclo	sed is a check for th	ne 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

H & H Towing and 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 _____ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H & H Towing, Recovery, and Transport, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Name	Address	Type of Action
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	specifies a delayed day after the re		ite, but not a	n effective time	, at 12:01 a.m.	on the earlier
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Filing Fee: \$25.00