

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954) 389-1333  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**IMMEDIATE TOWING & RECOVERY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

RECEIVED  
10 MAY 11 PM 3:52  
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Electronic Filing Menu Corporate Filing Menu

J. BRYAN  
Help MAY 12 2010  
EXAMINER  
5/11/2010

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

**IMMEDIATE TOWING & 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 7/7/09 and assigned  
Florida document number L09000065106.

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)

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**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. 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 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	Address	Type of Action
MGR	BARBARA ANN TRENGA	1855 NW 108TH AVE PLANTATION, FL 33322	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL KING	1855 NW 108TH AVE PLANTATION, FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROBERT BALOG	1855 NW 108TH AVE PLANTATION, FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

5/11/2010

x

*[Signature]*

Signature of a member or authorized representative of a member

Robert Balog

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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