

LD9000105443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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900276167719

LD9-105443

Amend

08/24/15--01018--019 **35.00

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15 AUG 24 PM 1:11
SEAL STATE
TALLAHASSEE, FLORIDA

SEP -1 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORANGE STATE TOWING I 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:

MARAV HEMO

Name of Person

ORANGE STATE TOWING I INC.

Firm/Company

3500 SW 50TH AVE.

Address

DAVIE FL. 33314

City/State and Zip Code

ASITRISH@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARAV HEMO

917 657 5646
at ()

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

FAX COVER SHEET
Aurhaus Services Inc.
11148 Sandpoint Terrace
Boca Raton Fl. 33348

TO: Division of Corporations

Attention: Nanette

Fax#: (850) 245 6030

As per your request.

RE: Orange State Towing I LLC

Michael Aurbach
Accountant

RECEIVED
15 AUG 31 PM 2:53
TALLAHASSEE, FLORIDA

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

ORANGE STATE TOWING I 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 11/02/2009 and assigned
Florida document number L090000105443

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 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)

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:

EZRE AZIZOLA DANESHRAD

New Registered Office Address:

3500 SW 50TH AVE.

Enter Florida street address

DAVIE

Florida 33314

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 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

Title	Name	Address	Type of Action
MGRM	RAKHAMIMOV, MARAV	3389 SHERIDAN STREET	<input type="checkbox"/> Add
		HOLLYWOOD FL. 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DANESHTRAD, EZRA AZIZOLS	5281 SW 106TH AVE.	<input checked="" type="checkbox"/> Add
		DAVIE FL. 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 24 PM 1:11
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MARAV HEMO (CHANGE: 100 UNITS TO -0- UNITS)

EZRA AZIZOLA DANESDRAD(CHANGE: -0- UNITS TO 100 UNITS)

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OF FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 31, 2015



Signature of member or authorized representative of a member

EZRA AZIZOLA DANESHRAD,MGRM

Typed or printed name of signer