400000 78637

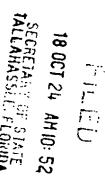
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600319867426

600319867426 10/24/18--01022--003 **25.00



BL. VORISEK NOV 0 6 2018

COVER LETTER

TO: Registration Se Division of Cor			
	ly Towing, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose Cardin		
		Name of Person	<u></u>
	AGS Family Towing, LLC		
		Firm/Company	
	4581 Weston Rd Suite #21	6	
		Address	
	Weston, FL 33331		
	-	City/State and Zip Code	
	josecardin24@yahoo.com		
	E-mail address: (t	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Jose Cardin		954 5498846 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

AGS Family Towing, 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 $\frac{07/27/2010}{1}$ Florida document number __L10000078637 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 "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 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 __

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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	George Salamun	1535 SE 12 Court	
		Deerfield Beach, FL 33441	
			■ Remove
			Change
			Add
			☐ Remove
			□ Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change

					
			. <u></u>		
		 			
					
		<u> </u>			
•					
					
					
		<u> </u>			
Effective date, if other than the	date of filing:			(optional)	
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl	t be specific and cannot	be prior to date of t	iling or more than 90 ory filing requirem	lays after filing.) Pursuant	. to 605.020 he listed :
document's effective date on the D			ory ming requirem	ms, and due will not	Je nated t
ne record specifies a delayed The 90th day after the rec		but not an effe	ective time, at 1	2:01 a.m. on the	earlier
The both day after the rec	ora is inca.				
October 3 Dated	201	8			
	· · · · · ·	,	- -,		
	- (1) gr	· Service			
		r or authorized repre			

Page 3 of 3

Filing Fee: \$25.00

David Picow
Notary Public
State of Florida
My Commission Expires 06/17/2020
Commission No. FF 979113