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Y. SCOTT FEB - 9 2022

COVER LETTER

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{lll} & & & & & & & & & & & & & & & & & &	Division of Co				
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: Dwayne Williams			LC		
Please return all correspondence concerning this matter to the following: Dwayne Williams		Name of Lin	nited Liability Company	<u> </u>	
Please return all correspondence concerning this matter to the following: Dwayne Williams	The enclosed Articles of	f Amendment and fee(s) are sul	amitted for filing		
Name of Person Towmaxs Towing Service and Booring LLC Firm/Company 3816 NW 49 Street Address Tamarac, FL 33309 City/State and Zip Code 954-415-8294 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dwayne Williams 954 Name of Person 1954 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{ c c c c c c c c c c c c c c c c c c c			•		
Towmaxx Towing Service and Booting LLC Firm/Company 3816 NW 49 Street Address Tamarac, FL 33309 City/State and Zip Code 954-415-8294 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dwayne Williams 954 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc		Dwayne Williams			
Firm/Company 3816 NW 49 Street Address Tamarac, FL 33309 City/State and Zip Code 954-415-8294 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dwayne Williams 954 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc			Name of Person		_
For further information concerning this matter, please call: Dwayne Williams		Towmaxx Towing Service	and Booting LLC		60 .
For further information concerning this matter, please call: Dwayne Williams			Firm/Company		2022 7607 741
For further information concerning this matter, please call: Dwayne Williams		3816 NW 49 Street			JAN TETA
For further information concerning this matter, please call: Dwayne Williams			Address		28 F
For further information concerning this matter, please call: Dwayne Williams		Tamarac, FL 33309			SEE SEE
For further information concerning this matter, please call: Dwayne Williams		954-415-8294	City/State and Zip Code		TAIN SO
Dwayne Williams Section Person P		E-mail address: (to be used for future annual report noti	fication)	. 0
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{lll} & & & & & & & & & & & & & & & & & &	For further information of	concerning this matter, please c	all:		
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Area Code Daytime Telephone Number S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	Dwayne Williams				
■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclused) Mailing Address: Registration Section S55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused) Street Address: Registration Section	Name o	of Person		e Telephone Number	r
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Certificate of Status & Certified Copy (additional copy is enclosed)	Enclosed is a cheek for t	he following amount:			
Registration Section Registration Section	■ \$25.00 Filing Fee		Certified Copy	Certifica Certified	ite of Status & Copy
				ction	
P.O. Box 6327 The Centre of Tallahassee			Division of Corp	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Towmaxx Towing Service and Booting LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our recor ted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 04/04/2011	and assigned
Florida document number 1.11000039597		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Towmaxx Towing Service LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022 TA
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	TO A T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Doms	28 PH 3: 12
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>ente</u> i	r the name of the new registere
New Registered Office Address:		
The state of the s	Enter Florida street addre	78.5
	. FI	lorida
	City	Zip Code

N

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 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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			□Remove
			□Change
			□Add
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ffective date, if other than the date of	f filing: 01/20/2022		(option:	al)
an effective date is listed, the date must be spec ote: If the date inserted in this block doe	itic and cannot be prior	to date of filing or more	than 90 days after fili	ne 3 Pursuant to 605 020
ocument's effective date on the Departme	nt of State's records.	iole statutory ming n	equirements, this di	ne win not be fisted a
record specifies a delayed effective date, but is filed.	out not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is med.				
January 20	2022			
ated		<u> </u>		
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Signatur	re of a member or autho	rized epresentative of	a member	
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Filing Fee: \$25.00