## 11100054253

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 2 2 2018

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	Starks Tow	ving LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Bryan Starks		
		Starks Towing LLC	Name of Person	
		7316 S Hoadley St	Firm/Company	
		Tampa, FL 33616	Address	
		bryanstarks88@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	fication)
For fu	irther information co	oncerning this matter, please co	all:	
Bryar	n Starks	20	813 2605762	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>■</b> \$3	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 Taltahassee, 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

Starks Towing LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Complete Florida document number L11000054253	pany were filed on 5/09/2011	and assigned
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 ADDRES	<u> </u>	SEC.
		CONTRACTOR
Enter new mailing address, if applicable:		<b>3</b> 0 0 0
(Mailing address MAY BE A POST OFFICE BOX)		<del></del> 25
		00
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		
	, Flo	orida
New Registered Agent's Signature, if changing Registered Ag	•	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agenching filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, an t as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
Īſ	Changing Registered Agent, Signature of	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>	Address	Type of Action
MGR	Margaret Rose Skaggs	3710 w elrod ave, tampa, fl 33611	
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ective date, if oth	ier than the date of f	filing:		(opt	tional)	
i effective date is liste	ed, the date must be specifi rted in this block does t	ic and cannot be prio	r to date of filing or	more than 90 days afte	er filing.) Pursuant to 60	05.020° sted as
	date on the Department			1		
record specifies The 90th day af	s a delayed effective ter the record is file.	ve date, but no led.	ot an effective	e time, at 12:01	a.m. on the earl	lier o
ted Aug	14	2018	<del></del> '			
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Typed or printed name of signee

Filing Fee: \$25.00