

L11000087203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

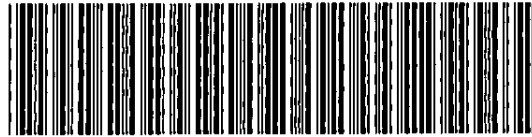
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B. KOHR

AUG 24 2011

EXAMINER



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08/24/11--01001--022 **30.00

RECEIVED

11 AUG 23 PM 4:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG 23 PM 4:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angel's Auto Rescue & Towing, 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:

Sheldon Hochstedler
Name of Person

Angel's Auto Rescue & Towing, LLC
Firm/Company

620 St. Patrick Drive
Address

Tallahassee FL 32310
City/State and Zip Code

shoch3@embargo.mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheldon Hochstedler at (850) 567-8800
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

FILED STATE
SECRETARY OF CORPORATIONS
11 AUG 23 PM 3:43

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

~~Enget~~ Angel's Auto Rescue & 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 8/23/11 and assigned
Florida document number _____.

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)

620 ST Patrick Drive
Tallahassee, FL 32310

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:

Sheldon Hochstedler

New Registered Office Address:

620 ST Patrick Drive

Enter Florida street address

Tallahassee, Florida 32310
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.

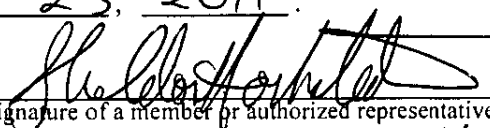
If Changing Registered Agent, Signature of New Registered Agent

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
MGRM	Sheldon Hochstedler	620 ST Patrick Drive Tallahassee, FL 32310	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Matthew Turk	8031 Blountstown Hwy Tallahassee, FL 32310	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 23, 2011

Signature of a member or authorized representative of a member
Sheldon Hochstedler
Typed or printed name of signee