

L11000119108
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BURR & FORMAN LLP
Account Number : I19990000278
Phone : (407) 647-4455
Fax Number : (407) 740-7063

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AARDVARK RECOVERY & TOWING, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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D. BRUCE

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EXAMINER

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Aardvark Recovery & 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 October 18, 2011 and assigned
Florida document number L11000119108.

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)

375 Enterprise Street

Ocoee, Florida 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

375 Enterprise Street

Ocoee, Florida 34761

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:

Bettie Whitaker

New Registered Office Address:

375 Enterprise Street

Enter Florida street address

Ocoee

City

Florida

34761

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.

Bettie Whitaker
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Betty Whitaker	9601 Chase Road Windermere, Florida 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Bettie Whitaker	375 Enterprise Street Ocoee, Florida 34781	<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.)

Dated _____

Bettie Whitaker
Signature of a member or authorized representative of a member

BETTIE WHITAKER
Typed or printed name of signee

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Filing Fee: \$25.00

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