

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



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ROLL ADASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Complete 24 Hr Towing, 11C Name of Limited Liability Company | | |
| 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: | | |
| rease return an correspondence concerning and matter to the following. | | |
| Scarlet Moore Name of Person | | |
| Name of Person | | |
| Complete 24 hr Taing LLC Firm/Company | | |
| Firm/Company | | |
| 2009 Myrtle ane | | |
| Address | | |
| Punta Gorda Fl 33950 City/State and Zip Code | | |
| Sup Brayou (Dawy), Com E-mail address: (to befused for future annual report notification) | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Scarlet Moore at 941, 763 0085 | | |
| Name of Person Area Code & Daytime Telephone Number | | |
| | | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED-

| | 12 MAR 19 AM 10: 57 |
|--|---|
| (Name of the Limited Liability Compan | y as it now appears on our records SEE, FLORDA |
| , (A Florida Limited Li | ability Company) |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L1200033064</u> . | were filed on 3 108 113 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabil</u> | lity company here: |
| | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | |
| Enter new principal offices address, if applicable: | 18544 Jay aug |
| (Principal office address MUST BE A STREET ADDRESS) | 18544 Jay aug Port Charlotte FI |
| • | 33948 |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| • | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | ce address on our records, enter the name of the new |
| Name of New Registered Agent: Pdam | A. Mayers Jay aue Enter Florida street address har lotte, Florida 33948 City Zip Code |
| New Registered Office Address: 18544 | by are |
| 2 10 | Enter Florida street address |
| Port | Mai 10 HC , Florida 3314X City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | Cuy Zip Code |
| 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 <u>Title</u> <u>Name</u> **Address** Type of Action Scarlet Moore

Adam A. Mayers Remove Remove Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00