

L12000047609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

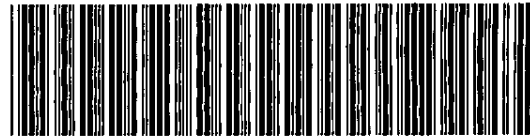
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 23 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DASS COMPLETE TOWING & RECOVERY, 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:

JERMAINE CARSON (REGISTER AGENT)

Name of Person

Firm/Company

2812 GRANDE PARKWAY

Address

PALM BEACH GARDENS FL 33410

City/State and Zip Code

OFFICE@DASSCOMPLETE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERMAINE CARSON

Name of Person

at (561)

729-7295

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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

DASS COMPLETE TOWING & RECOVERY, 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 APRIL 06, 2012 and assigned
Florida document number L12000047609.

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)

6525 SOUTHERN BLVD #9

WEST PALM BEACH FL 33413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4985 PINEAIRE LANE

WEST PALM BEACH FL 33417

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TALLAHASSEE, FLORIDA

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:

JERMAINE CARSON

New Registered Office Address:

2812 GRANDE PARKWAY #103

Enter Florida street address

PALM BEACH GARDENS

Florida

33410

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DASS COMPLETE AUTO S	6525 SOUTHERN BLVD #9 WEST PALM BEACH FL 33413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KOOMAL DASS	4985 PINEAIRE LANE WEST PALM BEACH FL 33417	<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.)

WE ARE REMOVING INEZ DASS AS THE AUTHORIZED REPRESENTATIVE
AND APPOINT KOOMAL DASS AS THE AUTHORIZED REPRESENTATIVE.

Dated APRIL 18, 2012

Koomal Dass
Signature of a member or authorized representative of a member

KOOMAL DASS
Typed or printed name of signee

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