

# L12000099781

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

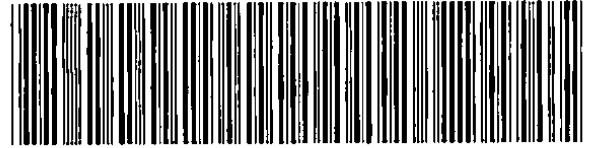
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 FEB -7 AM 9:24  
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STATE

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2023 FEB -7 PM 3:22  
TALLAHASSEE, FL

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 02/07/2023

Acc#I20160000072

*en: c JH*

Name:	Crockett's Towing, LLC
Document #:	
Order #:	14763956 - 9

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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Amount: \$ 55.00

Thank you!

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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 ADDRESS)***

**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:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 605, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Scotty Crockett		<input type="checkbox"/> Add
		9621 Land O' Lakes Blvd., Land O' Lakes, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Guardian Fleet Services, Inc.	4701 East Avenue, West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2026 FEB -7 AM 9:27  
CLERK OF STATE  
KILPATRICK, SEE FL

2025 FEB -7 AM 9:24  
CLERK OF STATE  
HARRISBURG, PA

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 7, 2023

Signature of a member or authorized representative of a member

F. GEOFFREY RUSSELL

Typed or printed name of signer

22.055 - 12/16/2021 Walter Kluwer Online