# 1130000 70562

(Requestor's Name)	_
(Address)	
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(Document Number)	
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## **COVER LETTER**

	gistration Sec vision of Corp					
CHB IECT.		E TOWING & RECOVERY	SERVICES, LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		CINDY SHIREEN BALK	ARAN			
			Name of Person			
			Firm/Company			
		1730 CANOVA ST., SE				
		·	Address			
		PALM BAY, FLORIDA 32909				
	City/State and Zip Code					
		E-mail address: (	to be used for future annual report notif	ication)		
For further in	nformation cor	ncerning this matter, please ca	all:			
CINDY SH	IREEN BALK		ot 4			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for the	following amount:				
■ \$25.00 F	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

#### ADVANCE TOWING & RECOVERY SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000070562</u> .	ny were filed on 05/14/2013	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	15.11.	2019 SE
		<u> </u>
Enter new mailing address, if applicable:		9 P
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		Ne name of the nev
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agen	·	esp Com
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capacity. I further agree te performance of my duties, and I am fam s provided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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>	Address	Type of Action
MGR	ROY BAIJNATH	1730 CANOVA ST., SE	□ Add
		PALM BAY, FL 32909	□ Remove
			■ Change
MGR	CINDY SHIREEN BALKARAN	1730 CANOVA ST., SE	□ Add
		PALM BAY, FL 32909	
			Remove
		<del></del>	Change
			□ Add
		<u> </u>	Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change

	<del></del>
ote:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
ated	SEPTEMBER 2019
aicu	ORA of

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Typed or printed name of signee

Filing Fee: \$25.00