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SECRETARY OF STATE
TAIL MIASSEE, FLORIDA

D. SCOTT DEC 8 2016

COVER LETTER

TO: Registration Section Division of Corpor	n ations			
SUBJECT:	Tad's Tou Name of Lim	ving LLC nited Liability Company		
The enclosed Articles of Ame	endment and fee(s) are sub	emitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
-	Adam	Tadlock Name of Person		
٠	Tad's To	Dwing LLC Find/Company		
-	2530 F II	Flo Bronson Men	norial Hig	nhway
-	<u> Kissimm</u>	Address Address Address City/State and Zip Code	34744	
<u>. i</u>	Allamerican E-mail address: (1	autobody @ yah to be used for future annual report notific	100 COM	
For further information conce	rning this matter, please ca	all:		
Adam Ta	edlock son	at (<u>903</u>) <u>348-7</u> Area Code Daytime T	318 elephone Number	FIL 16 DEC - SECREJAR TALLAHASS
Enclosed is a check for the fol	llowing amount:			SHOP IN
□ \$25.00 Filing Fee □	1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

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

Tad's Towing		
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begin{align*} \text{L14000008H17} \\ \end{align*}	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "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 o		the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	: 16 SEC TAL
Name of New Registered Agent:		- 28 R - 11
New Registered Office Address:	Enter Florida street address	ASSE ASSE
	, Florida	SP S
	City	Gip Code ?
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	5 5

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> **Name** <u>Address</u> **Type of Action** AMBR William Howell □ Add 2530 ETBM Kissimmee FL ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove 5 PH Change □ Add □ Remove _□ Change

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