L14000025771

. (R	equestor's Name)	
(A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP		MAIL
(8	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	/



06/15/15--01005--016 **25.00

NVISI 15 JUN 15 AM 8: 20 SECHETARY OF STATE ARY OF STATE F CORPORATIONS

JUN 1 6 2015

S MASON

COVER	LETTER
-------	--------

TO: Registration Section Division of Corporations

City Wide Towing & Recovery, LLC

SUBJECT:

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:

Angela Warrington

Name of Person

City Wide Towing & Recovery, LLC

Firm/Company

72 W. Jersey Street

Address

Orlando, FL 32806

City/State and Zip Code

citywidetowingandrecovery@gmail.com

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

For further information concerning this matter, please call:

Angela Warrington	407	422-2300
	at ())
Name of Person	Area Code	Davtime Telephone Number

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)

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

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

> ז כיו

μW

œ

N

(additional copy is encl

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on $\frac{2-14-14}{1}$. Florida document number $\frac{114000025771}{1}$.	and assigned
This amendment is submitted to amend the following:	
•	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the designa	tion "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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Angela Warrington	·
New Registered Office Address:	72 W. Jersey Street	
	Enter Flor	ida street address
	Orlando	, Florida ³²⁸⁰⁶
	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 $\frac{1}{2}$ accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document $\frac{1}{2}$ being filed to merely reflect a change in the registered office address, I hereby confirm that the limited flability company has been notified in writing of this change.

R ω Agento If Changing Registered Agent, Signature of New Register Page 1 of 3

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

· · -

--- ·

1

Title	Name	Address	Type of Action		
MGR	Angela Warrington	72 W Jersey St Orlando, FL 32806	🖬 Add		
			Remove		
			Change		
MGR	John G Warrington	72 W Jersey St Orlando, FL 32806	Add		
			Remove		
			Change		
<u> </u>			Add		
			Remove		
			Change		
<u></u>			Q Add		
			Remove		
			□ Change		
			🗖 Add		
			BIVISION OF CORPORATIONS BIVISION OF CORPORATIONS BECHERARY OF STATE CECHERARY OF STATE Remote State FLORIDA		
			Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-							-
-	·						-
_							-
-							-
-							
-							
-							
-		".t					
_					··· ·		
_	,						
_	<u>,</u>	······	······································				
-							
-							
_							
-	<u>,,</u>				···········		
-					. <u></u>	<u> </u>	
E. Effecti	ve date, if other than ective date is listed, the dat	n the date of filin	g:		(optional)		0207 (2)(5)
<u>inote:</u>	If the date inserted in th	his block does not i	meet the applicable	statutory filing requ	irements, this date	will not be list	ed as the
docum	ent's effective date on t	he Department of	State's records.				
	ord specifies a del 90th day after the			effective time,	at 12:01 a.m.	on the earlie	er of:
(0)e	your ady area ene						
Dated	June 5		2015				<u>ت</u>
		· · · ·	7 <u> </u>			<u>⊼</u> Ω: ∑Ω:	SE
	Ling	6 Warn	nigta.			LA LA	I DRE
		Signature of a	member or authorized	l representative of a m	ember	N 15	PAT
	Angela Warringtor	1					
	- 	<u> </u>	Typed or printed na	me of signee			ч С С С С С С
						8:2	RAT
			Page 3 o	ſЗ		5" "	ICN
			I Age 5 U	1.5			<u>۲</u>

Filing Fee: \$25.00