

L14 0000 38978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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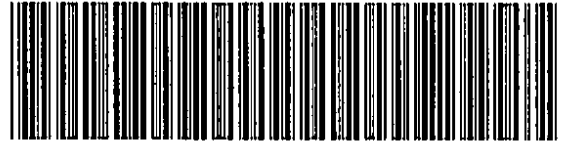
(Business Entity Name)

(Document Number)

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FILED

2022 MAR 21 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FL

4/1/2022

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARTEMISA TOWING 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:

LEIDYSBEL DUARTE

\_\_\_\_\_  
Name of Person

ARTEMISA TOWING LLC

\_\_\_\_\_  
Firm/Company

3024 PINEDA DR

\_\_\_\_\_  
Address

ORLANDO, FL 32822

\_\_\_\_\_  
City/State and Zip Code

LEIDYS021986@YAHOO.COM

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

For further information concerning this matter, please call:

LEIDYSBEL DUARTE

407 913-9641

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

ARTEMISA TOWING LLC

2022 MAR 21 AM 9: 56

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/07/2014 and assigned  
Florida document number L14000038978

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:

LEIDYSBEL DUARTE

New Registered Office Address:

3024 PINEDA DR

*Enter Florida street address*

ORLANDO

*City*

Florida 32822

*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, AM	ZANDY RODRIGUEZ	3024 PINEDA DR	<input type="checkbox"/> Add
		ORLANDO, FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, AM	LEIDYSBEL DUARTE	3024 PINEDA DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MARCH 14, 2022

**F. Effective date, if other than the date of filing:** MARCH 14, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 14

2022

Signature of a member or authorized representative of a member

LEIDYSBEL DUARTE

Typed or printed name of signee