# L14000105745

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#### COVER LETTER

TO: Registration Section **Division of Corporations** 

## **BUDGET TOWING TRANSPORT & RECOVERY 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:

# Jennifer Berrios Name of Person **Budget Towing Transport & Recovery LLC** Firm/Company 524 Paloma DR Address Davenport, FL 33837 City/State and Zip Code j.berrios-12@hotmail.com

For further information concerning this matter, please call:

Jennifer	<b>Berrios</b>
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 $\frac{787}{810-6481}$ 

Name of Person

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

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

 $\square$  \$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

**Budget Towing Transport & Recovery LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/02/2014 and assigned Florida document number L14000105745 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **Budget Towing & Transport LLC** The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

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Filing Fee: \$25.00