L14000126128

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DATE:

4/24/2023

NAME: YAMBO TOWING, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE (

COVER LETTER

TO: Registration S Division of Co			
	TOWING, LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	amitted for filing	
riease return air correst	ondence concerning this matter	to the following.	
	CARLOS YAMBO		
		Name of Person	
	YAMBO TOWING AND	TRANSPORTING LLC	
		Firm/Company	
	18528 GRACIE LEE ST	REET STE 2	
		Address	
	SPRING HILL FL 34610		
		City/State and Zip Code	
	yambotowing@gmail.con	n (to be used for future annual report notification)	
For further information	concerning this matter, please c		
	concerning into matter, prease e		
CARLOS YAMBO	CD .	727 492-4081at ()	
Name	of Person	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 & ☐ \$60.00 Filing ☐ Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy	Status &
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	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

YAMBO TOWING, LLC. (Name of the Limited Liability Company as it now appears on our records.) 2023 APR 24 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ________1 and assigned -Florida document number L14000126128 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: YAMBO TOWING AND TRANSPORTING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ____, Florida ___

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>	Name	Address	Type of Action
			□Remove
			Change
			□Remove
			Change
			□ Remove
			Change
			□Change
		1111	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Tective date, if other than th	e date of filing:		(optional)	
an effective date is listed, the date mi	ist be specific and cannot be prolock does not meet the app	plicable statutory filing requ	n 90 days after filing.) Pursuant to 605. irements, this date will not be liste	0207 (ed as t
record specifies a delayed effecti is filed.	ve date, but not an effectiv	re time, at 12:01 a.m. on the	earlier of: (b) The 90th day after	the
APRIL 24	2023			
ρ,				
(sertes	Janbo	uthorized representative of a m		

Typed or printed name of signee