Florida Department of State Division of Corporations Releasing Coversheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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PERABLISCEN OF STATEMENT

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROPICAL TOWING & ROADSIDE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Ta: +18506176383 Feb 19, 2025 07:00

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



Fax: 18134365206

TROPICAL TOWING & ROADSIDE 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 11/25/14	and assigned
Florida document number £14000182165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2722 monticello way	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee fl 34741	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	,	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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 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 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 Membe	r

<u>Title</u>	<u>Name</u>	Address	Type of Action
			\ \ \ \ \
			□Remove □Change
			Add ?
			□Change
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to de block does not meet the applicable	late of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3), , this date will not be listed as the
he record specifies a delayed effectord is filed.	ctive date, but not an effective time.	, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated Feb 19	2025 // Signature of a member or authorize		
p 1-	1		

Typed or printed name of signee