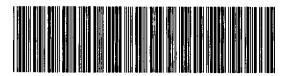
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| PICK-UP | ☐ WAIT | MAIL MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Jose's Towing Service 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: |
| Leticia L Negron |
| Josés Towing Service LLC |
| 26820 CountyRoad 448A |
| Mt. Dora FL. 32757 |
| City/State and Zip Code L N MOUNT BORA @ AOL. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Leticia Negron at (352) 223-9830 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Scrifficate of Status Stat |
| |

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

The Articles of Organization for this Limited Liability Company were filed on J Florida document number 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 end with 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

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

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 ' AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** MGR Jose L. Negron 26820 C.R. 448 A MAD MOUNT DOTA FL. Remove □ Add □ Remove □ Add □ Remove ☐ Remove □ Add

☐ Remove

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Page 3 of 3

Filing Fee: \$25.00

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