W15000059478

(Requestor's Name)
(Address)
·
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



900385533369

04/14/22--01019--016 **25.00

22 HAY 31 PM 3: 19

T. MATTHEWS
JUN - 6 2022



RECEIVED

2022 MAY 31 PM 2:00



May 9, 2022

BILLY MASON 6847 HANGING MASS RD ORLANDO, FL 32807

SUBJECT: BME TOWING LLC Ref. Number: L15000059478

We have received your document for BME TOWING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 722A00010620

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

SUBJECT	BME Towns LLC Name of Limited Liability Company
The enclose	d Articles of Amendment and fee(s) are submitted for filing.
Please retur	Division of Corporations UBJECT: BMF TTWM LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: BMF MASON Name of Person BMF TTWM MASON Name of Person BMF TTWM MASON Name of Person City/State and Zip Cody Le-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Area Code Daytime Telephone Number at (447), 739 4488 Name of Person at (447), 739 4488 Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certificate copy is enclosed)
	Billy MASCON Name of Person
	Description of Amendment and fee(s) are submitted for filing. The submitted Liability Company Description of Amendment and fee(s) are submitted for filing. The submitted Formula of Person Description of Person The submitted for filing. Description of Person Descriptio
	6847 Hanging Moss Rd
	b/2160@cf/.cr.com_
For further	information concerning this matter, please call:
B	Name of Person at (407) 739 - 4188 Area Code Daytime Telephone Number
3 23.00	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
Re	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(A Florida Limited Liability Company)

(Name of the Limited Liability Company as (Liow appears

OF

OF

SECRETARY OF STATE

ONCE

THE PROPERTIONS

The Articles of Organization for this Limited Liability Company v	were filed on 04\03\2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	P.O.Box 5036 Winter Park, Fr. 32793
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: Drlan	Hanging Moss Rd Enter Horida street address 80 Florida 32807
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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.

Bill man

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>	Address	Type of Action
President	Billy Mason	6847 Hanging Moss Rd	_XAdd
		Orlando, Fr 32807	□Remove
· 1			□Change
Sect Treas	S Barbaa MASON	6847 Hanging moss Rd	_ iX\vdd
		Orlando, Fr 32807	
>100c-750			□Change
of was	Jonathan E. MA-son	6847 Hanging Muss Rd	□Add
perations		Orlando, E 32807	□Remove
			K Change
			□Add
			□Remove
			□Change
***************************************			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		
·		
		
		
		.
		<u></u>
f an effective Note: If the	date, if other than the date of filing:	irsuant to 605.0207 If not be listed as
record spe d is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	0th day after the
Dated	5/16/22 2022	
-	Signature of a member or authorized representative of a member	