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COVER LETTER

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Destin Towing 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:	
Name of Person	
Cotton, Gates Attorneys at law	
3 Plew Ave.	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Scott Leach Name of Person at (80) 737. 1738 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. 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

Name of the Limited Liab	ility Company as it now appears on our records.) da Surfted Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $8 - 17 - 2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	Destin 12 3254
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	112 Mountain Dr Destin FL 32541
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent: New Registered Office Address:	Vonne D Lea(h 12 Mountain Dr Enter Florida street address DeStin F2 33541 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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** Scott Leach _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Remove _ Change _ Add ☐ Remove

_□ Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary	.)	
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E. Effect	ve date, if other than the date of filing:(optional)		
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inscreed in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.	Pursuant to	o 605,0207 (3)(b) e listed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the e	arlier of:
Dated	July 6 2017		
	July 6 2011. Signature of a member or authorized representative of a member		_
	Yvonne D Leach Typed or printed name of signee		_

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Filing Fee: \$25.00