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Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LION Towing	Service, LLC
Name	Limited Liability Company
	ţ
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
	Name of Person
<u>L</u> ;	on Towing Service, LLC Firm/Company
	8414 SW 22 Terree
·	
E-mail add	City/State and Zip Code Oly_312 Qyahoo.com ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
Juan H. Hartine	3 at (386) 474-3142
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	·
\$25.00 Filing Fee \$Certificate of 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

ervice LLC	
as it now appears on our records bility Company)	<u>.</u>
ere filed on OS/18/	and assigned
ty company here:	
Company," the designation "LLC"	or the abbreviation "L.L.C."
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Na	
ce address on our records,	enter the name of the new
nla	
Enter Florida street address	9
	rida
City	Zip Code
	rest it now appears on our records bility Company) rere filed on

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address .	Type of Action
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If an efi Note:	ive date, if other than the date of filing: OS 16 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	ු ni 10 605.0207 (
docum	ent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier of:
Dated	August 8th, 2016.	
	Signature of a member pr authorized representative of a member	
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

Page 3 of 3

Filing Fee: \$25.00