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ALL AHASSEE, FLORIDA

FILED



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D& Ktowing 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:	
Naylin Reyes	····
D&K towing LLC	
Firm/Company	
4385 NW 170 st	
Address	
Miami bardens	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	· ·
For further information concerning this matter, please call:	
Naylin Rey & 31(7810) 797-1451	
Name of Person Area Code Daytime Telephone N	ımber
	2015 SEC
Enclosed is a check for the following amount:	CRET
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy, is encloses
	i 2
MAILING ADDRESS: STREET/COURIER ADDRE Registration Section Registration Section	SS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Actio
MGR	Yurisdel Cruz	4385 NW HOST Mami Gardens	53 Add
		Mami bardens	□ Remove
		Fl 33055	☐ Change
			🗖 Add
			Remove
		 	☐ Change
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		<i></i>	م ***
			□ Remove
			Change
		·	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAKTOWING			
(Name of the Limited	Liability Company Florida Limited Lial	as it now appears on our records.) bility Company)	
		1	
The Articles of Organization for this Limited Liab	sility Company w	ere filed on $Sept 15, 2$	OIS and assigned
Florida document number <u>L 15000 153</u>	481.	'	
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of t	h <u>e limited liabili</u> t	ty company here:	
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab		NIA	
(Principal office address MUST BE A STREET	ADDRESS)		
			·
		1	
Enter new mailing address, if applicable:	_	NA	
(Mailing address MAY BE A POST OFFICE BO	0X)		
	-		
	-	, <u>-</u> , , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or		ce address on our records, g	enter the name of the new
registered agent and/or the new registered offic	<u>ce address here</u> :		
	1 ^		d
Name of New Registered Agent:	NIP	<u>\</u>	<u> </u>
New Registered Office Address:	<i>41</i> 0	1	R R
		Enter Florida street address	35 C
		. Flori	
		City	Zip Coole
New Registered Agent's Signature, if changing Re	zistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this ch	agent and agree and complete pe ered agent as pro gistered office ad	erformance of my duties, and i ovided for in Chapter 605, F.S	I am Jamiliar with and S. Or, if this document is
		NIA	

If Changing Registered Agent, Signature of New Registered Agent

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ffective date, if other an effective date is listed, to te: If the date inserted occument's effective date	he date must be speci d in this block does	ific and cannot be s not meet the ap	oplicable statuto	ng or more than 90 ry filing requirem	(optional) days after filing. tents, this date) Pursuant to	o 605.0207 e listed as
e record specifies a The 90th day after			t not an effec	tive time, at 1	12:01 a.m.	on the e	arlier of
ated Decem	ber02	1, 201 1, 1, 1	<u>5</u> .				
		111111 1 NANT					
	Signatu	e of a member or	authorized repres	entative of a member	ег		

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