

15000162109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

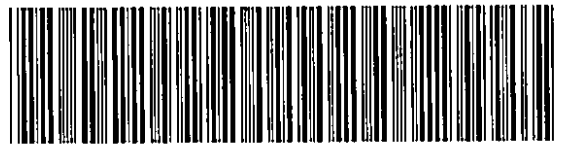
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300318329233

09/17/18--01008--027 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 17 AM 10:00

N COOPER

SEP 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MGR TOWING LLC

Name of Limited Liability Company

The enclosed Articles of Incorporation and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

YASMANY PUERTO ROCHE

Name of Person

PRESIDENT, MGR TOWING LLC

Print Company

3919 COUNTY LN RD APT-120

Address

JUPITER, FL 33469

City, State, Zip Code

(To be used for future annual report notification)

For further information concerning this matter, please call:

YASMANY PUERTO ROCHE

786 241-8738

at _____

Area Code

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | |
|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$55.00 Filing Fee & Certificate of Status
(additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chilton Building
269 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MGR TOWING LLC

Name of the Limited Liability Company as it now appears in our records:
(MGR TOWING LLC)

The Articles of Organization for this Limited Liability Company were filed on 02/28/2016 and assigned
Florida document number 201500162106

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 distinguished by containing the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3818 COUNTY LINE RD APT-120

JUPITER, FL 33469

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12120 SW 101 TERRACE

MIAMI FL 33177

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 17 AM 10:00

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

Zip Code

New Registered Agent's Signature and New 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 a registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change the registered office address, I hereby confirm that the limited liability company has been notified of the change of its address.

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF
DIVISION OF CORRECTIONS
18 SEP 17 AM 10:00

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in the _____ box does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Public Access to State Records.

If the record specimen is delayed in delivery but not an effective time, at 12.01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 12

2018

SUBJECT: Mr. JAMES H. RUFF, Jr., representative of a member

YASMAN Y PUERTO ROCHE

Printed in Great Britain