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COVER LETTER

TO:	Registration Se Division of Con						
0.10	LI. TOWIN						
SUBJ	IECT:	. Name of Lin	nited Liability Company				
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	e return all correspo	ondence concerning this matter	to the following:				
		LILIANA LEYVA					
			Name of Person				
L.L. TOWING LLC Firm/Company							
		•	Address				
MIAMI, FL 33142							
		LILIANALEYVA@BELL	City/State and Zip Code SOUTH.NET				
		E-mail address: (to be used for future annual report notif	ication)			
For fu	irther information o	concerning this matter, please c	all:				
LILIANA LEYVA			786 362-1549 at ()				
-	Name c	of Person	Area Code Daytime	Telephone Number			
Enclo	sed is a check for t	he following amount:	·				
□ \$:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (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 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

L.L. TOWING LLC					
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 10/20/2015 Florida document number L15000178098					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here:				
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)		A 2 2			
		To P III			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the name of the ne			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida _				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agen	nt:				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my duties, and I am	familiar with and			

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	WILFREDO ROMAN LEYVA	601 NW 128 PL MIAMI FL 33182	
			
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		05/30/2019				
Effective date, if other the lift an effective date is listed, the lift Note: If the date inserted in document's effective date or	this block does not me	et the applicab	date of filing or more le statutory filing r	(option than 90 days after equirements, this	filing.) Pursu	ant to 605.0 ot be listed
ne record specifies a de The 90th day after th		te, but not a	an effective tim	ne, at 12:01 a	a.m. on th	ne earlier
Dated		2019		\		
			(45)	.)		
	Signature of a me	mber or authori	zed representative of	a member		
LILIANA LEYV						

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Filing Fee: \$25.00