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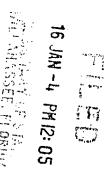
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:E_1	CHEAPO R Name of Limi	EPO & TOWING L ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Nashae	Moore Name of Person	
	EI_C	HEAPO REPOS	TOWINGUE
	2880 WOOKE	ndpark Blud. Suite 2	.45e
	bakland pack	F1. 33311 City/State and Zip Code	
	Moornda w E-mail address: (nail. Roward - Edu	cation)
For further information co	ncerning this matter, please ca	•	,
Name of	Moore Person	at (454) 857 Area Code Daytime	4861 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy)

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 Liability Compar (A Florida Limited L	over it now annears on our records.)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $12/9/20/5$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2880 W. Oakland park blud. Suite 245E Dakland park, Fl. 33311
(Principal office address MUST BE A STREET ADDRESS)	Suite 245E
	Dakland park, Fl. 33311
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	76
	Enter Florida street address Florida
	City Zig Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agre G o comply with the performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MBR	Jodan Jean-Baptiste	586/ N.W.16pl. APt. 306 Sunrisē, Fl. 33313	□ Add
		Sunrisē, Fl. 33313	Remove
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fective date, if other than the date of filing:(optional) un effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	

Page 3 of 3

Filing Fee: \$25.00