L15000211552

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
, ,			
(Document Number)			
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11/22/19--01005--021 ++25.00

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COVER LETTER .

	on of Corpora				.` •
SUBJECT: _	FIRST	CLASS TOV	UING SERV	TE, LLC	
		Name of Li	nited Liability Company		
The enclosed A	rticles of Ame	ndment and fee(s) are su	bmitted for filing.		
Please return al	l corresponden	ce concerning this matte	r to the following:		
	_	PHARI	EL CELOY Name of Person		
		•	Name of Person		
		FIRST CL	ASS TOWING Firm/Company	SERVICE,	LLC
	-		Firm/Company		
		308 B	ING BOAD		
	-		Address		
		DELANDO	. FL . 32811		
	_	020711300	FL, 32911 City/State and Zip Cod	e	
	_	PHARELCEL	ove YA HOD. CON	M	
			•	ан герогі пописаціоп)	
For further info	rmation conce	rning this matter, please	call:		
PHARI	EL CE	LUY	at (<u>407</u>)	556-727	· I
	Name of Per	son	Area Code	Daytime Telepho	one Number
		llowing amount:			
\$25.00 Fili	ng Fee C	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is a		S60.00 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

TO ARTICLES OF ORGANIZATION OF

	OF	⁷⁰ /9 A	n. Soll Sie
FIRST CVI (Name of the Limited	ASS TOWING SERVICE, Liability Company as it now appears on or A Florida Limited Liability Company)	LLC ir records.)	1:02
The Articles of Organization for this Limited Lial Florida document number <u>L15000211</u>	bility Company were filed on 12		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor		ion "LLC" or the al	bbreviation "L.L.C."
(Principal office address MUST BE A STREET	ADDRESS)		<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter	the name of the new
Name of New Registered Agent:	PHAREL CELOY		
New Registered Office Address:	308 RING LOA		
	OPLANDO	Florida	32811
	City		Zip Code

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	PHAREL CELOY	308 RING ROAD, DELANDO, FO	32611 1 Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Bemove
			Change
			Add
		<u>*</u>	Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

	
E. Effective date, if other than the date of filing: (optional)	
(If an 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.	
Dated	
PH2	
Signature of a member or authorized representative of a member	
PHAREL CELOY Typed or printed name of signee	
Typed or printed name of signee	

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Filing Fee: \$25.00