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(Re	equestor's Name)	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Getting Hoo	oked Towing LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Cherrie Cecil		
			Name of Person	
			Firm/Company	
		882 Bluebird St		
		****	Address	
•		Naples, FL 34104		
			City/State and Zip Code	
		admin@gettinghookedtowi	_	
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Cherrie Ceci	l		239 2292707 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iting 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 is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Getting Hooked Towing LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comparting Florida document number	ny were filed on 01/11/2016	and assigned
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	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3047 Terrace Ave, Suite A, N	Naples, FL 34104
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3047 Terrace Ave, Suite A, N	Naples, FL 34104
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, F	lorida
	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 Aguil

SHE A

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Samantha B Rogers	1252 Henderson Creek #10,	□ Add
		Naples, FL 34113	■ Remove
			☐ Change
MGR	AGR Cherrie L Cecil	882 Bluebird St	⊒ Add
		Naples, FL 34104	□ Remove
			Change
MBR	BR Kimberly DeWeese	662 95th Ave N	■ Add
		Naples, FL 34108	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
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		7/01/2	2016			
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Filing Fee: \$25.00