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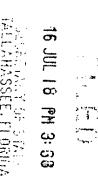
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JONATHANSYLVAIN		
		Name of Person	
	AT EMERGENCY ROAD	SIDE SERVICE LLC	
		Firm/Company	
	3531 NW 34TH AVE		
		Address	
	LAUDERDALE LAKES	FL, 33309	
		City/State and Zip Code	
	A1EROADSIDE@GMAIL E-mail address; (.COM to be used for future annual report notif	ication)
For further information	concerning this matter, please c	-	,
JONATHAN SYLVAIN		347 9759967	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for (he following amount:		
\$25.00 Filing Fee	_	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDDESS.	CTBEFT/CAUDI	EN ABBRECO.

MAILING ADDRESS:

TO:

Registration Section **Division of Corporations**

> 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

AT EMERGENCY ROADSIDE SERV		
(Name of the Limited I	Liability Company as it now appears on our recording termined Liability Company)	rds.
The Articles of Organization for this Limited Liabi	ility Company were filed on 01/27/2016	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	14
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		SE CO
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		골
	Enter Florida street addı	ess
_	,1	Florida
	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

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

itle	Name	Address	Type of Action
AMBR	JONATHAN SYLVAIN	3534 NW 34TH AVE LAUDERD#	Add
			☐ Remove
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fective date, if other than the date of filing:	(optional)>	ස
on effective date is listed, the date must be specific and cannot be prior to date one: If the date inserted in this block does not meet the applicable stocument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pu	rsuant to 605.020
record specifies a delayed effective date, but not an of the 90th day after the record is filed.	effective time, at 12:01 a.m. on	the earlier o
ted,		
Signature of a moniber or authorized r	epresentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00