## L16000139820

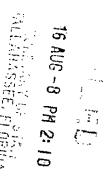
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## **COVER LETTER**,

TO:	Registration Sec Division of Corp							
eun u		JRAN TOWING AND REPAI	IRS LLC					
Name of Limited Liability Company .								
The en	closed Articles of /	Amendment and fee(s) are subr	nitted for filing.					
Please	return all correspor	ndence concerning this matter t	to the following:					
		Alfonzo Duran						
			Name of Person					
		DURAN DURAN TOWIN	G AND REPAIRS LLC					
			Firm/Company					
		1 Forsyth Rd						
			Address					
		Orlando, Fl 32807						
			City/State and Zip Code					
		E-mail address: (1	to be used for future annual report notific	ation)				
For fur	ther information co	oncerning this matter, please ea	ill:					
Alfon	zo Duran		at ( <u>407</u> ) <u>283</u> Area Code Daytime T	-3493.				
	Name of	Person	Area Code Daytime T	Felephone Number				
Enclos	ed is a check for th	e following amount:						
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. 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

DURAN DURAN TOWING AND REPAIRS LLO	С			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		_	
The Articles of Organization for this Limited Liability Company were filed on 07/26/2016		and assigned		
Florida document number L16000139820				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company here:			
DURAN DURAN TOWING LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	ne abbreviation	n "L.L.C	<del></del>
Enter new principal offices address, if applicable:		)	<b></b>	
(Principal office address MUST BE A STREET ADDRESS		\$7 %. \$7 \$1	<u>o</u> 5 ≫	
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Enter new mailing address, if applicable:			P	
(Mailing address MAY BE A POST OFFICE BOX)			ιö	
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ter the nar	me of	the ne
egistered agent and/or the new registered office address	nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	1		
	City	Zin Co	ode	

## 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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00