LI6CCONVICE

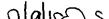
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #	(#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900315502489

FILED 18 JOH - S PK 4: 00



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

();

DATE:

7/6/18

NAME: A & G TOWING SERVICES LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Re Di	gistration Se vision of Corp	ction porations					
aup in on	A & G TOV	VING SERVICES LLC					
SUBJECT:	-	Name of Li	mited Liability Company				
		Amendment and fee(s) are su					
Please return all correspondence concerning this matter to the following: ALPHONSE GUERRIER							
Name of Person					- (g-	<u> </u>
A&G TOWING SERVICES LLC			:	Þ			
Firm/Company			 . .	ά	رسيا		
6100 JOHNSON ST SUITE A			-	7) 7			
			Address		-		
		HOLLYWOOD FL 3302-	ļ.				
		Empil address:	City/State and Zip Code (A) (a) (b) used for future annual reports	Jto Wing 46	<u> </u>	nail. C	.0m
For further in	formation cor	neerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ALPHONSE	GUERRIER		786 571-0	542			
	Name of I	erson	at () Area Code I	Naytime Telephone Number			
Enclosed is a	check for the	following amount:					
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	i) Certified	te of Status		
	MAILIN	G ADDRESS:	STREET/CO	DURIER ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & G TOWING SERVICES LI				·		
(Name of the Lir	nited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Company were filed on 09/24/2015				and assigned		
Florida document number L16000170508	·					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:	:			
The new name must be distinguishable and contain the	words "Limited Linbi	lity Company," the desig	nation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable:	6100 JOHNSON S	T SUITE A			
rincipal office address MUST BE A STREET ADDRESS)		HOLLYWOOD, FI	L 33024			
				- (, 		
Enter new mailing address, if applicable:		A&G TOWING SE	RVICES LLC	6 A		
Mailing address MAY BE A POST OFFICE	E BOX)	CR MOSMHOL 0019	r suite a	E &		
	············	HOLLYWOOD, FI	33024	#		
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	l/or registered of office address here ALPHONSE G	<u>e</u> :	r records, <u>enter</u>	the name of the no		
·	6100 JOHNSOI	N ST SHITE A	· -			
Name of New Registered Agent: New Registered Office Address:	310010111001	Enter Florida s	treet address			
	HOLLYWOOD)	Florida	3024		
		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.

Alphouse Guences
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
MGR	ALPHONSE GUERRIER	6100 JOHNSON ST STE A	Add
		HOLLYWOOD, FL 33024	□ Remove
		**************************************	⊟ Change
AMBR	CARLO GUERRIER	855 NW 151 ST	
		MIAMI, FL 33169	≅ Remove
			☐ Change
PRES	CARLO GUERRIER	855 NW 151 ST	
		MIAMI, FL 33169	≡ Remove
•		·	□ Change
CEO	CARLO GUERRIER	855 NW 151 ST	Add .
		MIAMI, FL 33169	Ramove
			A Change
			- Add
			☐ Remove
		## 116 APP TO THE APP	Change
			Add
			□ Remove
			☐ Change

				•	
		·			
				·	
·	-			7:	123 123
				Pas of	
				6; ()	0-
, .					<u>></u>
				. Ž	- 0.1
		-		, ;	.لبا
ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depart	specific and cannot be pr does not meet the app	ior to date of tiling licable statutory	or more than 90 day filing requiremen	ts, this date will not I	to 605.020 be listed a
e record specifies a delayed eff The 90th day after the record		not an effecti	ve time, at 12:	:01 a.m. on the	earlier d
JULY 5					
			ative of a member		

Page 3 of 3

Filing Fee: \$25.00