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COVER LETTER

	ision of Cor			
SUBJECT:	SFL WREC			I
NOBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.	·
Please return	all correspo	ndence concerning this matter	to the following:	
		CINDY JURADO		
			Name of Person	
		SFL WRECKERS LLC		
			Firm/Company	
		28900 SW 164TH AVE		
			Address	
		HOMESTEAD, FL 33033		
		SFLCOLLISION@GMAIL	City/State and Zip Code	
			o be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please ca	di:	, ,
CINDY JUE	CADO		786 863-4680 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 I	Filing 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 AUG -4 PM 3:20

SECRETARY OF STATE
ALLAHASSEE, FLORID.

SEL WRECKERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 10/31/2016	and assigned
Florida document number L16000199810		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8975 NW 127TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33147	
Enter new mailing address, if applicable:	w mailing address, if applicable: 28900 SW 164TH AVE	
(Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL 33033	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	Torida
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code

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
VP	ROBERT COLLINS	24141 SOUTH DIXIE HWY	† t □ Add
		HOMESTEAD, FL 33032	■ Remove
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an effective date is listed, the date must be	ate of filing: Objection to date of filing or more than 90	(Optionar)) days after filing.) Pursuant to 605.020'
<u>lote:</u> If the date inserted in this bloc	k does not meet the applicable statutory filing requiren	nents, this date will not be listed as
ocument's effective date on the Dep	artment of State's records.	
	effective date, but not an effective time, at	12:01 a.m. on the earlier o
The 90th day after the recor	u is meu.	
August 02	2017	
Pated August 02		l
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Filing Fee: \$25.00