

L16000225478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE BAR OF  
DIVISION OF CORPORATE  
17 SEP - 6 AM 10:18

M. MILLIGAN

SEP 14 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MANUFACTURERS TOWING ALLIANCE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Goldstein

Name of Person

Towzing, LLC C/O Great HealthWorks, Inc.

Firm/Company

4150 SW 28th Way

Address

Ft. Lauderdale, FL 33312

City/State and Zip Code

mdupree@greathhealthworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Goldstein

954

744-7400

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

**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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

17 SEP -6 AM 10:18

MANUFACTURERS TOWING ALLIANCE, 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 12/13/2016 and assigned  
Florida document number L16000225478

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TOWZING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

4140 SW 28th Way

**(Principal office address MUST BE A STREET ADDRESS)**

Ft. Lauderdale FL 33312

**Enter new mailing address, if applicable:**

4140 SW 28th Way

**(Mailing address MAY BE A POST OFFICE BOX)**

Ft. Lauderdale FL 33312

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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

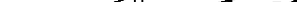
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated August 24, 2017



Signature of a member or authorized representative of a member

Craig Goldstein

Typed or printed name of signee

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**Filing Fee: \$25.00**

17 SEP -6 AM 10:18  
DIVISION OF CORRECTIONS  
STATE OF NEW YORK