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COVER LETTER

TO:		stration Sect sion of Corpo					
SUBJE		TOWZING, I	LLC				
	•		Name of Lim	ited Liability Company			
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn .	all correspond	lence concerning this matter	to the following:			
			SILVIO ZUCCARELLI				
				Name of Petson			
			LOUIS MAMO & COMPA	ANY			
	Firm/Company						
	290 S. ANDREWS AVENUE, SUITE #4						
			POMPANO BEACH, FL	Address 33069			
			SILVIO@LMC123.COM	City/State and Zip Code			
			E-mail address: (to be used for future annual report notific	ation)		
For furtl	her in:	formation cor	neerning this matter, please co	itt:		2018 1 A L L	-44
SILVIO	ZUC	CARELLI		954 942-1120 at ()		DEC.	HARRIES A
	-	Name of I	Person	Area Code Daytime	Felephone Number	17 PX	i
Enclose	d is a	check for the	following amount:			2: 3	grade 1
■ \$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ing Fee, : O	

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

TOWZING, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L16000225478</u>	ompany were filed on 12/13/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
MANUFACTURERS TOWING ALLIANCE, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDR	<u>VESS)</u>	0 1
		7 7 7
Enter new mailing address, if applicable:		P [[]
(Mailing address MAY BE A POST OFFICE BOX)		79
		30
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	eida
	City . F 101	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

Title	<u>Name</u>	Address	Type of Action
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			☐ Remove
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record specifies a delayed ef The 90th day after the record		effective time, at 12	:01 a.m. on the earlier
itedDECEMBER 12	2018	2	
	sature of a member of authorized		

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Filing Fee: \$25.00