## 117000030457

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## . COVER LETTER

	TO:	Registration Section Division of Corporations
*	SUBJE	CT: ATTOWING & RUNDS SERVICES & CAN CARe Willie LLC Name of Limited Liability Company
	The end	losed Articles of Amendment and fee(s) are submitted for filing.
	Please	eturn all correspondence concerning this matter to the following:
		* Wille C SMITH Name of Person
		AT TOWING & RUAN SERVICE & CAR COR Willie
		* 1926 ORAnge AVE
		*FORT PIENCE FL 34950  City/State and Zip Code  *Willies CAN CANE AT ADL COM  E-mail address: (to be used for future annual report notification)
*	For flirt	Name of Person  Name of Person
	,	ed is a check for the following amount:  5.00 Filing Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tullahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\*\*Al Towing & Bond Services & CAR CARE Willist Company as it now appears on our records.)

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FeR - 7- 2017 and assigned

\*\*Florida document number 170003045.7\*

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	در
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	office address on our records, <u>enter the name of the</u> re:
registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the</u> re:
Name of New Registered Agent:	enter the name of the re:  Enter Florida street address

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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		<del> </del>	Add
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			Change

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	<del></del>
More:	tive date, if other than the date of filing: \( \begin{align*} \begin{align*} \leq \cdot \leq \leq \leq \leq \leq \leq \leq \leq
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	4-26-19
	11/1/1/2 a Doma
	Signature of a member or authorized representative of a member
	v. Willie C Smith

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Filing Fec: \$25.00