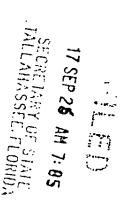
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### **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Diligence Towing 3 Recovery, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this niatter to the following:
James Rosado
Name of Person
Diligence Towing & Recovery, LL-C
6440 Vineland Road, Unit 204
Orlando, Fl. 32819  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 305, 624 - 0080  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Diligence Towing	1 1 1 1 /	UC
(Name of the Limited Liability Company   (A Florida Limited Lia	as it now appears on our records.	
I .	21 120	· <b></b> 1
The Articles of Organization for this Limited Liability Company w	ere filed on	and assigned
Florida document number <u>L17000059405</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
İ		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offic	ce address on our records, enter	the name of the new
registered agent and/or the new registered office address here:		17; 17;
		SEP SEP
Name of New Registered Agent:		S
New Registered Office Address:		
	Enter Florida street address	TO THE STATE OF
	, Florida	ORA C
	City	C Zip Colle

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>Address</u> **Type of Action** <u>Name</u> MGR Victoria Castillo 6440 Vineland Road Unit 204 Driando F 32819 Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove

☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove Change

If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of fil	ing: (optional)	
Note: If the date inserted in this block does no	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the transfer the applicable statutory filing requirements, this date will not be	o 605.0207 ( c listed as t
document's effective date on the Department of	of State's records.	
ne record specifies a delayed effective The 90th day after the record is file	 e date, but not an effective time, at 12:01 a.m. on the e  d. 	arlier of:
Dated 9-11- 2017		
		_
Signature of	f a member or authorized representative of a member	_
<u> </u>	times Rosado Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00