# LITCOUNS6

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# **COVER LETTER**

Division of Co	rporations					
Village To SUBJECT:	wing. LLC					
Name of Limited Liability Company						
	Name of Limited Liability Company  as of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:    Kyle C. Maynard					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Kyle C. Maynard					
		Name of Person				
	Village Towing					
	<del></del> -	Firm/Company				
	17075 SE Hwy 42					
		Address				
	Weirsdale, Florida 32195					
City/State and Zip Code						
	E-mail address: (	to be used for future annual report notifi	cation)			
For further information of	oncerning this matter, please co	all;				
Kyle C Maynard		352 342-4119				
Name of Person		Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &			

### MAILING ADDRESS:

TO: . Registration Section

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

Village Towing LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our record I Liability Company)	ds.)
he Articles of Organization for this Limited Liability Compan	y were filed on 3/23/2017	and assigned
florida document number 1.17000066186		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SX 2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7 7
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	83
		lorida
	City	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>	Address	Type of Action
AMBR	Krystal Maynard	17075 SE Hwy 42	Add
		Weirsdale, FL 32195	□ D
AMBR	Kenneth Pickel	12550 NE 18th St	Add
		Williston, Fl 32696	<b>5</b> D
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			□ Remove
			Change
		<del></del>	□ Remove
			Change
			□ Add
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			Trada 7 Tr
			© Emove
			□ Change

. If amending any other infor	nation, enter char	nge(s) here: (Atto	ich additional sheets	, if necessary.)	
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Effective date, if other than to (It an effective date is listed, the date is Note: If the date inserted in this document's effective date on the the record specifies a delay). The 90th day after the record specifies as	block does not mee Department of State yed effective dat	t the applicable star e's records.	utory filing requireme	ents, this date will n	ot be listed as
Dated June 19	:	2017			
		·		TALL	2017
A The	Signature of a mer	nber of authorized re	presentative of a member	2 3 3 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Kyle C Maynard				SST. T.	2
<u> </u>	Ту	ped or printed name	of signee		PH 12: 46
		Page 3 of 3		Ę.	<b>5</b>

Filing Fee: \$25.00