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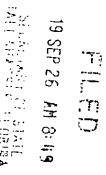
(Req	uestor's Name)	· ·
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	New Skool	Towing and Recovery LLC		
Sobatect.		Name of Lin	nited Liability Company	,
The enclosed	Anticles of a	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Albert G McDermott Jr		
			Name of Person	
		New Skool Towing and R	ecovery LLC	
			Firm/Company	
		1243 NW 15TH Ave		
			Address	
		Fort Lauderdale. Florida	33311	
			City/State and Zip Code	
		newskooltransportlle@gma		
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please c	all:	
Albert G Mc	Dermott Jr		754 802-6999 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:	•	
■ \$25.00 Fi	ling 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:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
(A Florida Limited I	Liability Company)	- '
The Articles of Organization for this Limited Liability Company	were filed on <u>06/26/2017</u>	and assigned
Florida document number L17000137670		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
New Skool Transport LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2801 NW 4th St	
Principal office address MUST BE A STREET ADDRESS)	Pompano Beach Fl. 33069	## 5
		SEP 1
		20 m
Enter new mailing address, if applicable:	2801 NW 4th St	- T
Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach Fl. 33069	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	Tice address on our records. <u>e</u> :	, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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
	•		
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Effective date, if other than the	data of Elico.			
If an effective date is listed, the date must	be specific and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pur	suant to 605.0207
Note: If the date inserted in this blo document's effective date on the De	ek does not meet the applicat	ole statutory filing requir	ements, this date will	not be listed as t
ne record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	an effective time, a	t 12:01 a.m. on t	he earlier of:
Dated September 9th	2019			
Older Mederun				
IWWW/ Madaban	スパワ Signature of a member or authori			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00