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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: L + J TOWING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Breske Name of Person
L+J Towing Firm/Company
2837-26 ST W Address
Detersburg FL, 33713 City/State and Zip Code LJ Towns Service a GMail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Brestze at (727) 215-9930 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$\$\$30.00 Filing Fee & \$\Bigcup \text{\$\$\$\$\$\$55.00 Filing Fee & \$\Bigcup \text{\$\$\$\$\$\$\$\$Certificate of Status & \$\Bigcup \text{\$\$\$\$\$\$\$\$ (additional copy is enclosed) & \$\Bigcup \text{\$\$\$\$\$\$\$\$\$\$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
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	ing LLC	-
(A Florida Limited (A Florida Limited)	Liability Company)	ecoras.)
The Articles of Organization for this Limited Liability Company	were filed on April	22, 2018 and assigned
Florida document number <u>L17000175571</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah		, a
The new name must be distinguishable and contain the words "Limited Liabi	vice L.L	<u>., C.</u>
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		三 元
		1 第二十二
Enter new mailing address, if applicable:		15 IT
(Mailing address MAY BE A POST OFFICE BOX)		로 그
		ن ن
B. If amending the registered agent and/or registered o	ffice address on our rec	ords, enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	
N. CN D. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity.	I further agree to comply with th
provisions of all statutes relative to the proper and complete	perjormance of my dutie.	s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

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an effec lote: If	tive date, if other than the date of filing:	0207 (d as t
e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
ated <u>↓</u>	January 1 2019.	
	Signardre of a member or authorized representative of a member	
	Dovid Breske	

Page 3 of 3

Filing Fee: \$25.00