

117000183848

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 11 AM 10:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RATTLESNAKE 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:

AHMED A. ALZUBAIDI

Name of Person

RATTLESNAKE TOWING LLC

Firm/Company

4317 LAKE MARGARET DRIVE

Address

ORLANDO, FLORIDA 32812

City/State and Zip Code

BAIG@HWCPAFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AHMED A. ALZUBAIDI

407 549-6762
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

RATTLESNAKE TOWING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/28/2017 and assigned
Florida document number 1.17000183848

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

4317 LAKE MARGARET DRIVE

ORLANDO FLORIDA 32812

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5448 HOFFNER AVE STE#108

ORLANDO FLORIDA 32812

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR	AHMED A ALZUBAIDI	4317 LAKE MARGARET DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO FLORIDA 32812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DHUHA N ALSHUKRI	4317 LAKE MARGARET DRIVE	<input type="checkbox"/> Add
		ORLANDO FLORIDA 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE REMOVE DHUHA N ALSHUKRI NAME AND REPLACE WITH AHMED A ALZUBAIDI

THANK YOU.

SECRETARY OF STATE
FALLAH ASSI
17 DEC 11 AM 10:03

E. Effective date, if other than the date of filing: _____ **(optional)**

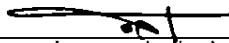
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 07 OF DECEMBER 2017



Signature of a member or authorized representative of a member

AHMED A ALZUBAIDI

Typed or printed name of signer