## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TINTOS INTERNATIONAL LLC

Account Number : 120150000068 : (407)731-4498 Phone

; (407)982-7123 Fax Number

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DILLES TOWING LLC

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Certificate of Status Certified Copy 01 Page Count \$25.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DILLES TOWING LLC (Name of the Limits	d Liability Compa A Forida Limited l	ny as it now appea inbility Company)	rs on our records.)	
The Articles of Organization for this Limited Li			09/04/2017	and assigned
florida document number L17000191879	<u></u> -	,		
This amendment is submitted to amend the following	owing:		·	
A. If amending name, enter the new name of	the limited liab	ility company b	iere:	
N/A	•			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	designation "L1.C" or	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	`,	·	
		2859 SUNSTO	ONE DR	
(I Threshal triffee data ess in visit 1944)		KISSIMMEE.	FL 34758	
	,			
Enter new mailing address, if applicable:		2859 SUNSTO	ANTE INP	
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address May Be a post office address.  Name of New Registered Agent:  N/A	<u>BOX)</u>			
		KISSIMMEE		
B. If amending the registered agent and registered agent and/or the new registered o	or registered of the first second of the first	office addr <del>es</del> s ( <u>re</u> :	on our records, <u>e</u>	nter the name of the no
Name of New Registered Agent:	N/A			<u> </u>
New Registered Office Address:	N/A			
		Enter F	lorida st <del>ree</del> t address	
			, Flaric	la
				Zip Code

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.

HChanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage	e, enter the title, name, and address of each person being a	dded
or removed from our records:	•	

Title	<u>Name</u>	Address	Type of Action
MGR '	GONZALEZ, ILDEMARO	3500 MT VERNON WAY	□ Add
		KISSIMMEE FL 34741	Remove
			Change
MGR	SALAZAR, RUBEN D	2859 SUNSTONE DRIVE	<u>≅</u> Add
		KISSIMMEE, FL 34758	☐ Remove
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