1700230430	

(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
Office Use Only					

I.



10/28/18--01014--009 \*\*30.00





oreign Hmited Liability Company

COVER LETTER

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

plus To

anet Name of Person

Firm/Company

SRR N TAMAMI (rail

Address

JORTH FOULT Myers FI 330103 City/State and Zip Code

<u>Thres plus towing Services 62 GMail</u> . Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pimentel at (239) 318-7671 ANet Name of Person

Area Code & Daytime Telephone Number

## STREET/COURIER ADDRESS:

**Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Fiorida 32301

## MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

## Enclosed is a check for the following amount:

\$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

S25 Filing Fee

TO:

SUBJECT:

Dear Sir or Madam:

**Registration Section** Division of Corporations

likes

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( <u>Name of the Limit</u>		ow appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number <u>L1700033</u>	iability Company were fil 1930	ed on 10 34 201	
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name o</u>	<mark>f the limited liability con</mark>	npany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Comp	any," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		<b>.</b>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		J.C.
B. If amending the registered agent and/ registered agent and/or the new registered of		dress on our records, <u>e</u>	enter the name of the new
Name of New Registered Agent:	(anc+	Pintentel	
New Registered Office Address:	1168 Biscay	Enter Florida street address	coeal
	City		la <u>FL 3.3909</u> 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Precident	YANEL Pimentel	1166 Bibliagne Draper FT 3391001	2 DEAL DAdd
			Remove
Precident	Acturo Rodriguez	2825 20th st SW Le Hight acres FL 335	 }ד¢
			Remove
			Add
		<u> </u>	Remove
			C Reonove
			Remove
aforemention	certificate, if required: no more than 90 d and amendment(s), duly authentieated by t under the law of which this enjoy is organi	he official having custody of records in	the
	Typed or printe		

Filing Fee: \$25.00