# 180001987

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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corp			
SUBJECT:	y towing L	-LC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Yi	ordano Jeyva	
		Name of Person	
		Firm/Company	<del></del>
	6414 €	Address	
	77	Address	
	_Татра,	FI 33634 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	G-mail address: (i	all Demin Cholm to be used for Juture annual report notif	al com
For further information co	ncerning this matter, please ca	all:	
Yorda Name of	no Jeyva Person	at ( <u>786)</u> <u>768</u> Area Code Daytime	- 0823 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing 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:

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 Liability Compa	LLC	
(A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/800000/987</u> .	were filed on	/8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
481 truring 110	·	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		20
		1E 1
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
R. If emending the projectored and and and		•
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>enter</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·		
law Pagistaned 4 Al Ci	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent		

 $\underline{\mathbf{N}}$ 

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			□ Add
			□ Remove
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	ecifies a delayed lay after the reco			ot an effectiv	e time, at 1	12:01 a.m	n. on the	earlier o
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		Signature of a r	member or auth	orized representa	tive of a member	er	•	77.3
		_		orized representa		r		7.3

Page 3 of 3

Filing Fee: \$25.00