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## **COVER LETTER**

TO:	Registration Section Division of Corporations
" SUBJE	CT: Avachy Towing & Recovery UC  Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Sontino Acosta Name of Person
	Arochy Towing & laway UC
	1926 NW STN ST Se 3
	Mari Fi 33x25  City/State and Zip Code
For furt	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:
	SONTINO ACOSTA at ( 700 ) 273-1618  Name of Person Area Code Daytime Telephone Number
1	ed is a check for the following amount:  5.00 Filing Fee
	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 L	E PLCOVEY LUC nv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18CCC057[90</u> .		ර 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:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1926 DW STN ST GMIGMIRE 33.25	Fe .3
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter filorida street address	
<del></del>	, Florida _	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>	Type of Action
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ective n effecti	date, if other than the date ive date is listed, the date must be s	e of filing:	(optional) re than 90 days after filing.) Pursuant to 605.0207
	the date inserted in this block d t's effective date on the Departi	loes not meet the applicable statutory filing: ment of State's records.	requirements, this date will not be listed as
	d specifies a delayed eff Oth day after the record	ective date, but not an effective tir	ne, at 12:01 a.m. on the earlier of
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Filing Fee: \$25.00