H18000068091

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Name))
(Docu	ment Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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July 5, 2018

NASSER ABURISH 9112 BOYCE AVE ORLANDO, FL 32824 US

SUBJECT: ABLE TOWING AND ROADSIDE LLC

Ref. Number: L18000068091

We have received your document for ABLE TOWING AND ROADSIDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

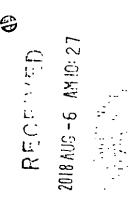
We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 418A00013851



COVER LETTER

Divi	sion of Corporations				
SUBJECT:	Able Towing and Roadside LL	_C.			
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the fo	llowing:		
Nasser Ab	purish				
	Name of Person		•		
Able Towii	ng and Roadside LLC.				
	Firm/Company		-		
9112 Boyo	e Ave				
	Address		•		
Orlando, F	L 32824				
	City/State and Zip Code		•		
abletowing	ɪfl@gmail.com				
E-mail	address: (to be used for future annua	l report notifica	ition)		
For further in	nformation concerning this matter, pl	ease call:			
Nasser Ab	urish	407	493-8926		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divis Clift	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
	ahassee, Florida 32301				
	osed is a check for the following at				
∠ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

TO: Registration Section

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Able Lowing and Rondside 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:
Nasher Abarish
Able towns and Roadside
9818 Southern Brooze Dri
Orlando, FL 32836
City/State and Zip Code Able to unex FL @ simile Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nasser Abursh 407, 493-8926
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin
Certificate of Status Certified Copy (additional copy is enclosed) Chuttle 02 Certificate of Status & Certified Copy (additional copy is enclosed) Chuttle 02 Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(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 3/15/18 and assigned. Florida document number
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 abbrevial "LLC"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
SSS PA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zio Code

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

	nnager ithorized Member		
<u>Title</u> MGR	Mohamad Hourish	Address 9343 Southern Breeze Orlando FL 32836	Type of Action Add Remove
			Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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E. Effective date, if other than the date of filing: (options (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 or more tha	al) ing.) Pursuar	n to 605.	0207 (3)(l
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument'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. (b) The 90th day after the record is filed.	n. on the	earlie	r of:
7 17 001/			
Dated July 5. 2018.			
Signature of a member or authorized representative of a member			
Nisser Haush			

Page 3 of 3

Filing Fee: \$25.00