L18000095746

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SECRETARY OF STATE FALLAHASSET, FLORIDA

JUN 2 7 2019 T SCHROEDER

COVER LETTER

SUBJECT: ABOVE AVERAGE TOWING 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:
Jason M. Janiels Name of Person
Above Average Towing
1224 63rd Avenue South
St. Pete Florida 33705
City/State and Zip Code Mrelevation 1 a yahoo . Com E-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Jason M. Sansels at 813, 787-9000 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Above Average Town	ina LLC	
(A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 21800095746	were filed on <u>4/16/201</u> 2	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	W/A	
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:	N/A	<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	W/A	FILE CHLIGEN
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2: 30 Lopida
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rithe name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	,	
	Enter Florida street address	
	, Florida	
	City	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>	Name A	<u>Address</u>	Type of Action
MGR_	Jonathan M. Saniels	1224 630 Nenue South St. Pete FL 33705	<u>∫</u> □ Add
	Junes	St. Pete FL 33/05	DRemove
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			Remove
			Change
-		7	□ Add
		* <u></u>	Remove
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11 4111	iending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	Since To the second se	P* ===
Effec	tive date, if other than the date of filing:	
If an et <u>Note:</u>	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	05.0207 (isted as t
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier of:
Dated	June 12th 2019	
	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00