L18000137149

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE		ANSPORT & TOWING LLC		
	.c.i.	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JOSE A QUIJANO		
			Name of Person	
		ORVI TRANSPORT &	TOWING LLC	
			Firm/Company	
		1525 ANTILLES TERR	ACE	
			Address	
		DELTONA, FL 32725		
		****	City/State and Zip Code	
		CASSIECO@LIVE.COM		
		E-mail address: (to be used for future annual report note	fication)
For fun	thes information c	oncerning this matter, please c	all;	
JOS	E A QUIJANO		386 320-4838 at ()	
	Name o	f Person	Area Code Daytime	c Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	0.00 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
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORVI TRANSPORT & TOWING LLC

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document numberL18000137149	• • • • —	JUNE 4, 2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		D 3
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) in the contract of the contr	? <u></u>
Enter new mailing address, if applicable:		<u> </u>	·
Mailing address MAY BE A POST OFFICE	<u></u>	· .	
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B. If amending the registered agent and	or registered office address on	our records, enter t	
<u>registered agent and/or the new registered o</u>	ffice address here:		
Name of New Registered Agent:	JOSE A QUIJANO		
New Registered Office Address:	1525 ANTILLES TERRACE		
	Enter Flor	ida street address	
	DELTONA	. Florida - ³²¹	725

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

Zip 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CAMILO HERNANDEZ	1017 WINDBROOK DR.	
		DELTONA, FL 32725	■ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change

CAMILO HERNANDEZ AND A	PPROVE	ED BY OW	NER JOSE	Е А ОШЈАТ	NO. ADDING	G MR. HERN	ANDE.
AS AMBR WAS DONE IN ERRO							
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Filing Fee: \$25.00