L18000144178

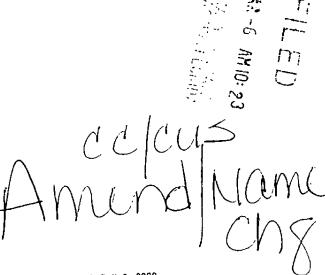
(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
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COVER LETTER

TO: Registration So Division of Cor		· ·	
SUBJECT:Nite		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandra	Posodo Name of Person	
	Nite + Day	Tawing Service Firm/Company	uc.
	5886 NW F	Address	
	PSL FL 3	City/State and Zip Code	<u></u>
For further information of	E-mail address ()	to be used for future innual report n	otification)
Sandra 7 Name o	Sesado of Person		1 4801 time Telephone Number
Enclosed is a check for t \$25.00 Filing Fee	he following amount: \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi	Hty Company as it now a	ppears on our records.)			
(Name of the Limited Liab) (A Florid	da Limited Liability Comp	pany)			
The Articles of Organization for this Limited Liability		on' May 2018		and ass	igned
Florida document number <u>L18000144178</u>	<u>_</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability compa	ny here:			
Nite + Day Towing Se The new name must be distinguishable and contain the words "Lie	ruice LLC				
The new name must be distinguishable and contain the words "Li	mited Liability Company,	" the designation "LLC" o	r the abbrevi	iation "L.	L.C."
Enter new principal offices address, if applicable:			<u> </u>	202	
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>	
			<u> </u>	IAS	
			<u> </u>	ခံာ	
Enter new mailing address, if applicable:			-	₽	
(Mailing address MAY BE A POST OFFICE BOX)			: .	<u>ö</u>	
	,		- A	73	
	 				
B. If amending the registered agent and/or register		our records, <u>enter th</u>	e name of	the nev	register
agent and/or the new registered office address here:	:				
		,			
Name of New Registered Agent:	Dandra Pos	sodo			
New Registered Office Address:		·			
	Ente	er Florida strect address			
		, Flori			
	City	· · · · <u>-</u>	- Z	ip 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 Type of Action Title Name Address Michael Arjune 5886 NW Files C+ DAdd Ambr PSL FL 34986

Remove _____ Change ____ □Add _____ □Remove □Add _____ Change □Remove ☐ Change _____ _Add □Remove

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(If an effective dat Note: If the dat	if other than the date of filing: is listed, the date must be specific and cannot be inserted in this block does not meet the active date on the Department of State's re-	applicable statutory filin	(optional) ore than 90 days after filing g requirements, this date	t.) Pursuant to 605.0207 (
he record specifi ord is filed.	s a delayed effective date, but not an effec	ctive time, at 12:01 a.m. (on the earlier of: (b) The	he 90th day after the
Dated	uch 3 20	20_		
	Signature of a member of	r authorized representative	of a member	
	Sandra B	r printed name of signee		