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(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:			
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Office Use Only



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COVER LETTER

FANTASY SUBJECT:	TOWING LLC	*	
oobsect.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
•	RAUL MARTIN JR		
		Name of Person	
	RM PROFESSIONAL GR	OUP INC	
	·	Firm/Company	
	2355 NW 9th STREET		
		Address	
•	MIAMI, FLORIDA 33125		
		City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notification	
For further information co	oncerning this matter, please ca	·	<i>,</i>
ORLANDO MOLINA M		786 245-1457	
Name of	Person	at () Area Code Daytime Tele	phone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$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	<u>u</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANTASY TOWING LLC (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 AUGUST 14, 2018 and assigne Florida document number L18000194868 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 abbreviation "L.L.C." 3111 50 Street West Leehigh Acres, Florioda 33971 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3111 50 Street West Leehigh Acres, Florida 33971 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

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

__. Florida ___

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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