L18000247490

(Requestor's Name)
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,
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COVER LETTER

	ion Section of Corporations	
ATT OF THE COURT	th Towing LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Art	les of Amendment and fee(s) are submitted for filing.	
Please return all c	rrespondence concerning this matter to the following:	
	Justin DePasquale	
	Name of Person Uh-Oh Towing LLCq	
	Firm/Company 16079 Waterleaf Lane	
	Address Fort Myers, FL 33908	
	City/State and Zip Code justinjdepasquale@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inforn	tion concerning this matter, please call:	
Justin DePasqual	239 800-9773 at ()	
	art () Came of Person Area Code Daytime Telephone Number	
Enclosed is a chec	. for the following amount.	
■ \$25.00 Filing	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing F	atus &

MAILING ADDRESS:

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

Uh-Oh Towing LLC		
(Name of the Limited	I Liability Company as it now appears on our records.) \ Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L18000247490		TALEGARAS
This amendment is submitted to amend the follow	ving:	ASSEC. FL
A. If amending name, enter the new name of t	the limited liability company here:	H 3: 56
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>ente</u> <u>ce address here</u> :	r the name of the nev
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Power 12 - 11 - 12 - 12	
	Enter Florida street address	
	, Florida _	Zin Code
	City .	zin 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>	<u>Name</u>	Address	Type of Action
MGR	Justin DePasquale	16079 Waterleaf Ln, Fort Myers, FL 33908	
		11,500	B Add
			☐ Remove
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Tective date, if other than the in effective date is fisted, the date must ote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to a ock does not meet the applicabl	date of filing or more than 90 day	
record specifies a delayed The 90th day after the rec		n effective time, at 12	:01 a.m. on the earlier o
Oct 30th	2018		
	1 7 0 1		

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Typed or printed name of signee

Filing Fee: \$25.00