

L180000249751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

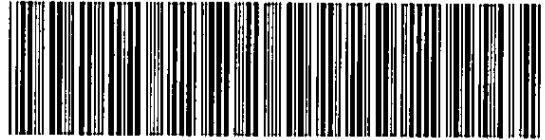
(Business Entity Name)

(Document Number)

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2021 AUG 12 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C
i
Amend.

AUG 18 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

Tier Garten LLC

SUBJECT: _____
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:

Robert E Carlson

Name of Person

Tier Garten LLC

Firm/Company

570 Templehill St

Address

Pensacola, FL 32534

City/State and Zip Code

carlson0316@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E Carlson

850

288-0803

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

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**

Tier Garten 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 10/24/2018 and assigned
Florida document number L18000249751.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

B.D.R. Towing and Recovery, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

570 Templehill St

Pensacola, FL 32534

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:

Robert E Carlson

New Registered Office Address:

570 Templehill St

Enter Florida street address

Pensacola

, Florida

32534

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

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TALLAHASSEE, 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres	Robert E Carlson	570 Templehill St. Pensacola, FL 32534	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Director	Roxie J. Carlson	570 Templehill St.	<input type="checkbox"/> Add
		Pensacola, FL	<input checked="" type="checkbox"/> Remove
		32534	<input type="checkbox"/> Change
Director	Paula R. Kilcrease	540 Byrneville Rd.	<input type="checkbox"/> Add
		Century, FL	<input checked="" type="checkbox"/> Remove
		32535	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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F. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July, 27 2021

2021

Signature of a member

Signature of a member or authorized representative of a member

Robert E. Carlson

Typed or printed name of signee