3/11/2021

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000996353)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALL TOWN SERVICES LLC

Account Number : 120200000045 Phone : (305)916-8552 Fax Number : (305)402-0978

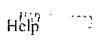
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: The state of the s

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AJP TOWING LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu



To: 18506176383

TO:

Page: 5 of 8

Registration Section

Tallahassee, FL 32314

2021-03-11 19 22:00 GMT

13054020978

From: Sonia Jimenez

COVER LETTER

| Divisio | n of €or | porations | | |
|---|-----------------------|--|--|--|
| | P TOWE | | | |
| VBJECT: Name of Limited Liability Company | | | | |
| | | | | |
| The enclosed Ar | rticles of | Amendment and fec(s) are sub- | nitted for filing. | |
| Please return all | сопеѕро | ndence concerning this matter t | o the following: | |
| | | Sonia Jimenez | | |
| | | | Name of Person | And the same of th |
| | | All Town services llc | | |
| | | | Firm/Company | |
| | | 2300 W 84 ST#601 | | |
| | | | Address | |
| | | HIALEAH GARDENS | | |
| | | | City/State and Zip Code | |
| | | FI 33016 | | |
| | | E-mail address: (i | to be used for future annual report not | ification) |
| For further info | rmation c | concerning this matter, please ea | <u>1</u> 11: | |
| SONIA JIMEN | IEZ | | 305 9168552 at () | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a ch | heck for t | he following amount: | | |
| ■ \$25.00 Fili | ng Fec | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ng Addre | | Street Address: Registration So | ection |
| - | stration sion of C | | Division of Co | |
| Division of Corporations P.O. Box 6327 | | The Centre of | - | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AJP TOWING LLC | | | | |
|---|--|--|-------------------------|--------------------|
| (Name of the Limi | ted Liability Compar (A Florida Limited L | ny as it now appears on our mability Company) | records.) | |
| The Articles of Organization for this Limited L. Florida document number L18000252529 | iability Company | were filed on 10/26/2019 | 3 | _ and assigned |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name o | of the limited liab | lity company here: | | |
| The new name must be distinguishable and contain the | words "Limited Ltabil | ity Company," the designation | on "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2300 W 84 ST#601HIA | LEAH GARDENS | , FL 33016 |
| (Principal office address MUST BE A STRE) | ET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address | registered office : | address on our records | , <u>enter the name</u> | of the new registe |
| agent and/or the new registered office das- | | | | |
| Name of New Registered Agent: | ALL TOWN SI | ERVICES LLC | | |
| New Registered Office Address: | 2300 W 84 ST | | | ·, |
| | | Enser Florida stree | | స |
| | HIALEAH GR | | , Florida 3301 | 6 to Code |
| New Registered Agent's Signature, if changing | Registered Agent: | City | | zy cour |
| I hereby accept the appointment as register provisions of all statutes relative to the pro- | ed agent and agr | ee to act in this capaci performance of my du | ity. I further agre | miliar with and |

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 heing 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.

f Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

Page: 7 of 8

2021-03-11 19:22:00 GMT

13054020978

From: Sonia Jimenez

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

| Title | Name | Address | Type of Action |
|-------|-----------------------|---|-------------------|
| GRM | ALL TOWN SERVICES LLC | 2300 W 84 ST#601HIALEAH GARDENS, FL 33016 | 5 ≣ Add |
| | | | Remove |
| | | | |
| AMBR | PEREZ DIEGO, YANDIR | | 🗆 Add |
| | | | Remove |
| | | | Change |
| MGR | PADILLA, NORLAN | | Dadd |
| | | | = Remove |
| | | | DChange |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □ Change |
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From: Sonia Jimanez

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| | |
| Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I | hist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 block does not meet the applicable statutory filing requirements, this date will not be listed a |
| he record specifies a delayed effecti ord is filed. | ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated MARCH 11 | 2021 |
| | Signature of a member or authorized representative of a member |
| SONIA JIMENEZ | • / |
| | Typed or printed name of signee |