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CHD IE	A:A.A. TO	WING SERVICES LLC	4	
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Franot Civil		
			Name of Person	
		A.A.A. TOWING SERVICES LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Franot Civil Name of Person A.A.A. TOWING SERVICES LLC Firm/Company 5724 greenwood avenue Address West Palm Beach , FL 33407 City/State and Zip Code E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Area Code Name of Person A ac heek for the following amount:		
		21.00	Firm Company	
		5724 greenwood avenue	Address Firm Company Services LLC Firm Company Address FL 33407 City/State and Zip Code address: (to be used for future annual report notification) please call: at () Area Code Daytime Telephone Number Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
			Address	
	Address West Palm Beach , FL 33407 City/State and Zip Code			
	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: Franot Civil Name of Person A.A.A. TOWING SERVICES LLC Firm Company 5724 greenwood avenue Address West Palm Beach , FL 33407 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Franot Civil Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional cepy is enclosed) Certificate of Certificed Copy (Certificate of Certified Copy) (Certificate of Certified Copy (Certificate of Certificate of Certified Copy)			
West Palm Beach , FL 33407 City/State and Zip Code			leation)	
For fur	ther information co	oncerning this matter, please ca	all:	
Franot	Civil			
	Name o	f Person	Area Code Daytime	P. Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ S2.	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

A.A.A. TOWING Ser VICO	es 11C		65
		4	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 18000 054 130</u> .	any were filed on _	10/29/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I First Class Hooked up LL The new name must be distinguishable and contain the Vords Limited L.			reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		Florida	Zip Code
	C(t):		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 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
			□Add
			□Remove
			□Change
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(If on eff Note:		be specific and cannot be prior to ok does not meet the applica	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605 ble statutory filing requirements, this date will not be liste	
the recore ord is fi	rd specifies a delayed effective led.	date, but not an effective tin	ie, at 12:01 a.m. on the earlier of: (b) The 90th day afte.	r the
Dated	Feb 05	. 2024		
	S	ignature of a member or author	ized representative of a member	
	Franot Civil			

Filing Fee: \$25.00