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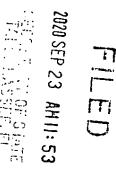
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Certified Copies	Certificate	s of Status	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	NG AND RECOVERY SERV	ICES LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN DIEGO VICUNA I	RIOS/ MARIAN MARCANO	
		Name of Person	·
	407 TOWING AND REC	OVERY SERVICES LLC	
	Firm/Company 110 WETHERBEE RD Address ORLANDO FL 32824		
	110 WETHERBEE RD		
		Address	
	ORLANDO FL 32824		
		City/State and Zip Code	
	EZTANTOGO@GMAIL.C		
For further information o	oncerning this matter, please c	to be used for future annual report no	incation)
JUAN DIEGO VICUNA		786 3038790 at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee. I	というごう 14	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

407 TOWING AND RECOVERY SERVICES 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 11/12/2018 and assigned Florida document number L18000264596 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 "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: CA (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: N/A Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cuy

N/A

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
MGR	MARIAN J MARCANO	13200 EMERALD COAST DR APTO 307	
		ORLANDO FL 32824	Remove
			Change
AMBR	JUAN DIEGO VICUNA RIOS	2121 MCCOY RD APT 121	= Add
		ORLANDO FL 32809	□Remove
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Affective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing required occument's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pu nuirements, this date will	rsuant to 605.0207 I not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the d is filed.	e earlier of: (b) The 90	0th day after the
Dated <u>49/18/2020</u>		
MWW Mowcauce Signature of a member or authorized representative of a		
Signature of a member or authorized representative of a second of the se	member	

Filing Fee: \$25.00