L19000058819

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COVER LETTER

Di	vision of Cor	porations							
SUBJECT:		OWING LLC							
Name of Limited Liability Company									
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.						
Please retur	n all correspo	indence concerning this matter	to the following:						
		PAUL FRANSON							
			Name of Person						
		LEDGERPLUS							
			Firm/Company						
		150 SOUTH UNVIERSITY	Y DRIVE SUITE C						
			Address						
		PLANTATION, FLORIDA	N 33324	Person Inpany TE C SS Zip Code Ire annual report notification) 472-9144 Code Daytime Telephone Number ling Fee & □ \$60.00 Filing Fee, Copy Certificate of Status & Certified Copy Leopy is enclosed) Copy Certified Copy					
		PFRANSON@LEDGERPL	City/State and Zip Code US.COM						
		E-mail address: (to be used for future annual report notifi	cation)					
For further	information c	oncerning this matter, please ca	all:						
PAUL FRA	NSON		954 472-9144						
	Name o	f Person	Area Code Daytime	Telephone Number					
Enclosed is	a check for tl	ne following amount:							
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &					

MAILING ADDRESS:

TO:

Registration Section

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

TONYS TOWING LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co		and assigned
	. ,	¥
orida document number L19000058819	_·	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ed liability company here:	言
ONY TOWING SERVICES LLC		### T
e new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
		50 11
ter new principal offices address, if applicable:		<u> </u>
incipal office address MUST BE A STREET ADDRI	ESS)	
		<i>ب</i> ب
		310
nter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or register		the name of the r
gistered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street daaress	
	, Florida	
	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

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>Address</u> Type of Action <u>Name</u> □ Add _□ Remove _ Change □ Add □ Remove ☐ Change **_E** Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove

□ Change

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ote: If the date inserted in cument's effective date of				utory filing req	uirements, this	date will n	ot be list	ed a
record specifies a c The 90th day after t	lelayed effecti he record is fi	ve date, b led.	ut not an ef	fective time	. at 12:01 a	.m. on th	ne earli	er
ted MAY 13		2019						

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Typed or printed name of signee

Filing Fee: \$25.00