



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.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

**FILED**  
**Nov 21, 2019 08:00 AM**  
**Secretary of State**

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ALLIGATOR TOWING & TRANSPORT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

\*\*\*ORIGINAL FILING WAS  
NOT REC'D. PLEASE  
PROVIDE THE ORIGINAL  
SUBMISSION DATE  
11/21/19\*\*\*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED  
Nov 21, 2019 08:00 AM  
Secretary of State**

Alligator Towing &amp; Transport, 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 March 21, 2019 and assigned Florida document number L19000078741.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Capitol Corporate Services, Inc.

New Registered Office Address:

515 East Park Ave., 2nd Floor

*Enter Florida street address*

Tallahassee

Florida 32301

*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.*

*Kim Tadlock*

Kim Tadlock, Asst. Sec. on behalf of  
Capitol Corporate Services, Inc.

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Scotty Crockett	4701 East Avenue	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Welch	4701 East Avenue	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 21 2019

M. J. Webb

Signature of a member or authorized representative of a member

**Michael Welch, Manager**

Typed or printed name of signee