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(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
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COVER LETTER

GROUN	D ONE TOWING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and tee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	JORGE F LLERENA 1709 JOHNS AVE LEHIC	IH ACRES FL 33972	
	GROUND ONE TOWING	Name of Person	
	1709 JOHNS AVE LEHIC	Firm/Company GH ACRES, FL	
	LEHIGH ACRES, FL 339	Address	
	GROUNDONETOWING	City/State and Zip Code 7 YAHOO.COM	
	E-mail address: ()	o be used for future annual report notif	lication)
	concerning this matter, please co		
JORGE LLERENA		239 600-4797	
Name o	of Person	at ()	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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 ADDRESS:

TO:

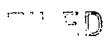
Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF



GROUND ONE TOWING, LLC

2819 050 11

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	Liability Company were filed on	18/2019 and assigned
Florida document number	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>.</u> e:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	<u> </u>
(Principal office address MUST BE A STREF	ET ADDRESS)	
Enter new mailing address, if applicable:		· -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	·
•••	BOX)	
(Mailing address MAY BE A POST OFFICE		our records, enter the name of the r
•••	/or registered office address on	our records, enter the name of the r
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	l/or registered office address on ffice address here:	our records, enter the name of the r
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	/or registered office address on	our records, enter the name of the r
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered office address on ffice address here:	our records, enter the name of the r
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on office address here: JORGE F. LLERENA 1709 JOHNS AVE	our records, enter the name of the r
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered office address on office address here: JORGE F. LLERENA 1709 JOHNS AVE	

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

Page I of 3

, or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JORGE F. LLERENA	1709 JOHNS AVE LEHIGH ACRES, FL 33972	
			□ Remove
			Change
MGR	SUCED M REAL	1709 JOHNS AVE LEHIGH ACRES FL 33972	Add
			Remove
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Effective date if other than	the date of filing:		(ontional)	
f an effective date is listed, the date	must be specific and cannot	be prior to date of filing or	optional) r more than 90 days after filing.) Pu	rsuant to 605.0207
Note: If the date inserted in th	is block does not meet the	applicable statutory fil	ling requirements, this date wil	I not be listed as
document's effective date on ti	ie Department of State's n	ecorus.		
				_
ne record specifies a dela The 90th day after the		out not an effective	e time, at 12:01 a.m. on	the earlier of
The 90th day after the	record is med.			
AUGUST 16	201	9		
Dated	,	·		
CM X	\bigcirc			
	re de la companya de	or authorized representat		
' '	Signature of a member	or authorized representat	ive of a member	
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Page 3 of 3

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