L19000 193 286

Office Use Only



800334312408

C9.16:19:-01611:-019 *#25.00



LLC Alherd. 9/25/19 DC

COVER LETTER

TO:		istration Se ision of Cor			•		
erin ir	· CTC	В & В Ехрг	ress Towing and Recovery L	LC			
SUBJE	LCT:						
The end	closed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please i	rcturn	all correspo	ndence concerning this matter	to the following:			
			Emanuel Brown				
	Name of Person B & B Express Towing and Recovery LLC						
	Firm/Company 1724 Jefferson Drive						
	Address Mount Dora, FI 32757						
	City/State and Zip Code expresstowfl@gmail.com						
			E-mail address: (to be used for future annual report no	otification)		
For furt	ther in	formation co	oncerning this matter, please co	ıll;			
Emanı	uel Br	rown		352 531-8357			
		Name of	l Person		ime Telephone Number		
Enclose	ed is a	check for th	e following amount:				
S2 5	5.00 F	iling 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & B Express Towing and Recovery, 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 July 29, 2019 _ and assigned Florida document number _ L19000193286 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." 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: New Registered Office Address: Enter Florida street address

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>Name</u>	<u>Address</u>	Type of Action
MGR	Emanuel Brown	1724 Jefferson Drive Mount Dora. FL 32757	■ Add
			■ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change

D. If amending any other information	n, emer change(s) here.	. ₍ Anach adanionai sh	eeis, y necessary.)	
		· · · · · · · · · · · · · · · · · · ·		
				
		·		
E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to does not meet the application	o date of filing or more than		
If the record specifies a delayed ef (b) The 90th day after the record		an effective time, a	t 12:01 a.m. on the ea	rlier of:
September 13	2019	,		
Sunt	gnature of a member or author	rizad representativa at a ma	mber	-
Emanuel Brown	mainre of a memoer or allinol	rized representative of a met	unoei	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00