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	(Requestor's Name)
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	/Chu/Chata (Zia (Dhaga ti)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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A. RAMSEY OCT 20 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cou B & B Exp		.c	
SUBJECT:	ress Towing and Recpvery, LI Name of Lin	nited Liability Company	
···			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emanuel Brown		
	_	Name of Person	····
	B & B Express Towing an		
		Firm/Company	
	1724 Jefferson Dr		
		Address	
	Mount Dora, Fl 32757		
		City/State and Zip Code	
	expressiowfl@gmail.com		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Emanuel Brown		352 531-8357	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne 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 fadditional copy is enclosed:
<u>Mailing Addres</u>		Street Address:	
Registration Section		Registration Section	
Division of C		Division of Co	
P.O. Box 632	. /	The Centre of	1 aHahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

2022 OCT 20 PM 8: 21

B & B Express Towing and Recover	ery, LLC	records.)
(Name of the Limi	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company were filed on 07/29/2019	and assigned
lorida document number L19000193286	·	
his amendment is submitted to amend the foll	owing:	
. If amending name, enter the new name o	of the limited liability company here:	
3 & B Express Towing and Freight, LLC		
he new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applic	:able:	
Principal office address MUST BE A STREE		
Principal office address MUST BE A STREE		
Principal office address MUST BE A STREE Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or resistered.	registered office address on our records,	
Principal office address MUST BE A STREE Inter new mailing address, if applicable: Audiling address MAY BE A POST OFFICE If amending the registered agent and/or i	registered office address on our records,	
Principal office address MUST BE A STREET Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or regent and/or the new registered office addre	registered office address on our records, ss here:	enter the name of the new regis
Principal office address MUST BE A STREET Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	registered office address on our records,	enter the name of the new regis
Principal office address MUST BE A STREE Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or regent and/or the new registered office addrese Name of New Registered Agent:	registered office address on our records, ss here:	enter the name of the new regis

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>	Address	Type of Action
			□Add
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Effective date, if other than the date of filing:	5.0207 (3 ted as th
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftered is filed.	er the
Dated October 20 . 2022. Signature of a member or authorized representative of a member	
8 ol K	
Signature of a member or authorized representative of a member	
Emanual Blown Typed or printed name of signer	

Filing Fee: \$25.00