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COVER LETTER

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	OWING & TRANSPORT OF	CENTRAL FLORIDA, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	HUSAM NASSAR		
		Name of Person	
Division of Corporations BUDGET TOWING & TRANSPORT OF CENTRAL FLORIDA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HUSAM NASSAR Name of Person	RIDA. LLC		
		Firm/Company	_
	755 W LEE JACKSON H	WY	
		Address	
	HAINES CITY, FL 33844	r	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information co	ncerning this matter, please c	all:	
HUSAM NASSAR			
Name of	Person		me Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ection
Division of Corporations		Division of Corporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUDGET TOWING & TRANSPORT OF CENTRAL FLORIDA, 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 04/17/2020

15 and assumed Florida document number L19000213780

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NASSAR, HUSAM	755 W LEE JACKSON HWY	□Add
		HAINES CITY, FL 33844	= Remove
			□Change
AMBR SOTO, MINDY LUZ	SOTO, MINDY LUZ	755 W LEE JACKSON HWY	■Add
		HAINES CITY, FL 33844	□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
	***		Add
			□Remove
			□Change
			□Add
			□Remove

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lf an ei <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	05/14/2020 . 2020. Hugam Nassar.
	Signature of a member or authorized representative of a member
	Husam Wassar.

Filing Fee: \$25.00