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TO: **Registration Section**
Division of Corporations

SUBJECT: 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:

MINDY LUZ SOTO

Name of Person

BUDGET TOWING & TRANSPORT OF CENTRAL FLORIDA, INC

Firm/Company

755 W LEE JACKSON HWY

Address

HAINES CITY, FL 33844

City/State and Zip Code

GRAEME@GROUPSYNERGYLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUSAM NASSAR

407

242-5369

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
AMBR	NASSAR, HUSAM	755 W LEE JACKSON HWY	<input type="checkbox"/> Add
		HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BEN-AMAR, AFEF	755 W LEE JACKSON HWY	<input type="checkbox"/> Add
		HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOTO, MINDY LUZ	443 MAGPIE CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00