# L19000213780

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300345028613

Ů6/101/20--01025-÷022 ♦•25.00

TARTITATION OF STATE

1 AH 6: 1

JUN 1 7 2020

S. YOUNG

## **COVER LETTER**

TO: Registration Division of C	Section Corporations	. •	
	T TOWING & TRANSPORT O	F CENTRAL FLORIDA, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	MINDY LUZ SOTO		
		Name of Person	
	TOWING & TRANSPORT OF CENTRAL FLORIDA, LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence 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)  concerning this matter, please call:  407 242-5369  at (		
		Firm/Company	
	755 W LEE JACKSON H	WY	
	-	Address	<del> </del>
	HAINES CITY, FL 33844	ļ.	
		City/State and Zip Code	
	<del>-</del>		<del>(*</del>
Can firmban in famoria		-	neation)
	a concerning this matter, piease c		
HUSAM NASSAR	· .=	at ()	·
Name	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	Section Corporations 327	Registration Sec Division of Corp The Centre of T	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### BUDGET TOWING & TRANSPORT OF CENTRAL FLORIDA, INC.

(Name of the Limi	ted Liability Company as it now appears ( (A Florida Limited Liability Company)	on our records.)	220		
The Articles of Organization for this Limited L Florida document number L19000213780	iability Company were filed on 08/22	2/2019	and assigned		
This amendment is submitted to amend the foll	owing:		まで		
A. If amending name, enter the new name of	f the limited liability company hero	<u>:</u> :	က်		
BUDGET TOWING & TRANSPORT OF CENTE	RAL FLORIDA, LLC	4			
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the desi	gnation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or resistance and the registered agent	egistered office address on our reco	ords, <u>enter the n</u>	name of the new register		
agent and/or the new registered office addres	ss nere:				
Name of New Registered Agent:	MINDY LUZ SOTO				
New Registered Office Address:	755 W. LEE JACKSON HIGHWAY	ť			
	Enter Florida	i street address			
	HAINES CITY	, Florida	34759		
	City		Zip Code		

### 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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NASSAR, HUSAM	755 W LEE JACKSON HWY	□ <b>Ađ</b> d
		HAINES CITY, FL 33844	<b>≡</b> Remove
			□Change
AMBR	BEN-AMAR, AFEF	755 W LEE JACKSON HWY	
		HAINES CITY, FL 33844	Remove
			□Change
AMBR	SOTO, MINDY LUZ	443 MAGPIE CT	
		KISSIMMEE, FL 34759	□Remove
		<del> </del>	□Change
			□Add
		<del></del>	□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·	<del></del>	□ Add
			Remove
			□Change
			□Remove
			□Change

		er information		<u>.</u>			•	•	
					_			-	
									<del></del>
	<del></del> .	<del></del>							<del></del>
_					<del>.</del>			<u></u>	<del></del> _
_			<del></del> -						
_									
_			<del></del>		_		· -	<del></del>	<del></del>
_									<del></del>
							·		
_		<del> </del>							
lf an effec <b>Note:</b> If	ctive date is listed If the date insert	er than the date I, the date must be s ted in this block of ate on the Depart	pecific and loes not m	cannot be pri- eet the appl	icable statut	iling or more to	han 90 days a	otional) fler filing.) Pun this date will	suant to 605,0207 not be listed as
e record s rd is filed	specifies a dela d.	ayed effective dat	e, but not a	an effective	time, at 12:	01 a.m. on tl	ne earlier of:	(b) The 901	h day after the
Dated	иаү 27тн		,	2020	<u></u> .				
					_	>			
		Sikii	ature of a m	iember or aut	norized repre	sentative of a	member		

Filing Fee: \$25.00