## 120000041107

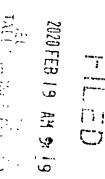
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)           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

Office Use Only



800340920338

Y SULKER FEB 2 0 2020



## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 2/19/20

NAME: BUDGET TOWING LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

| 1   | •  | O VER DET TER  |  |
|---|--|--|--|
| O: Registration Se<br>Division of Co                                      |  |  |  |
|   |  |  |  |
| SUBJECT:  | TOWING LLC                                   | 11/12/20   | <u></u>  |
|   | Name of Limit                                | ted Liability Company  |  |
| 1   |  |  |  |
| The enclosed Articles of  | Amendment and fee(s) are subr                | nitted for filing.   |  |
| Please return all correspondent   | ondence concerning this matter t             | to the following:  |  |
| ,   | ALI L KIRMIZIOGLU                            |  |  |
| 1   |  | Name of Person   |  |
|   | BUDGET TOWING LLC                            |  |  |
|   |  | Firm/Company   |  |
| 1   | 2479 RIDGERMOOR DE                           | RIVE   |  |
| 1   |  | Address  |  |
|   | ORLANDO/FLORIDA 32                           | 2828   | •  |
| 1   | <del></del>                                  | City/State and Zip Code  |  |
|   | BUDGETTOWINGORL@                             |  |  |
| •   | E-mail address: (                            | to be used for future annual report noti   | fication)  |
| For further information   | concerning this matter, please ca            | ali:   |  |
| LI KIRMIZIOGLU  |  | 407 7568256  |  |
| Name  | of Person                                    |  | c Telephone Number   |
| Inclosed is a check for   | the following amount:                        |  |  |
| ■ \$25.00 Filing Fee  | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)                             | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addr<br>Registration<br>Division of<br>P.O. Box 63<br>Tallahassee | Section<br>Corporations<br>327               | Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI | rporations<br>Fallahassee<br>oe Street, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 4       | BUDGET TOWING LLC  |  |             |               |               |
|---------|--|--|-------------|---------------|---------------|
| I       | (Name of the Limited Liability Comp<br>(A Florida Limited          | pany as it now appears on our records.) Liability Company) | <del></del> |               |               |
| 7 he A  | Articles of Organization for this Limited Liability Compan         | y were filed on <u>02/04/2020</u>                          | ar          | ıd assign     | ed            |
| F!orio  | la document number L2000041107                                     |  |             | _             |               |
| ¥       | amendment is submitted to amend the following:                     |  |             |               |               |
| A. Ir   | amending name, <u>enter the new name of the limited lial</u>       | bility company here:                                       |             |               |               |
| The nev | w name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the               | abbreviati  | on "L.L.C     | . 13          |
|         | new principal offices address, if applicable:                      | 6280 OLDCHENEY HWY AZALEA                                  |             |               |               |
|         | ipal office address MUST BE A STREET ADDRESS)                      |  |             | · <del></del> |               |
| J       |  |  |             |               |               |
| 4       |  |  |             |               |               |
|         | new mailing address, if applicable:                                | 2479 RIDGEMOOR DRIVE ORLAN                                 | IDO FL      | 32828         |               |
| (Maili  | ng address MAY BE A POST OFFICE BOX)                               |  |             |               |               |
| F. If a | mending the registered agent and/or registered office              | address on an annual                                       |             | 20            | <del></del>   |
| gent :  | and/or the new registered office address here:                     | address on our records, enter the nar                      | ne of the   | newre         | gistered      |
| ,       |  |  | :           | E             | 1 {           |
| 1       | Name of New Registered Agent:                                      |  | <u>.</u>    | 5             |               |
| 1       | New Registered Office Address:                                     |  | · ;         | <u> </u>      | [7]           |
| }       |  | Enter Florida street address                               |             | 70            | $\overline{}$ |
|         | <del></del>  | , Florida _  | 7 -         | ٥             |               |
|         |  | City   | Zip C       | ode           |               |

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 11GR = Manager AMBR = Authorized Member <u> Fitle</u> Name <u>Address</u> Type of Action 2479 RIDGEMOOR DRIVE ORLANDO FL 32828 **AMBR** ALI L KIRMIZIOGLU \_\_\_\_\_ □Remove \_\_\_\_\_ Change □Add \_\_\_\_\_ □Add \_\_\_\_\_ □Add \_\_\_\_\_ □Change \_\_\_\_ □Add \_\_\_\_\_ □Remove

\_\_ Change

| -  |   |
|----|---|
| -  |   |
| -  |   |
| -  |   |
| -  |   |
| _  |   |
| -  |   |
| -  |   |
| -  | <del></del>   |
| _  |   |
| _  |   |
| _  |   |
| _  |   |
|    |   |
|    |   |
| •  |   |
| -  |   |
| e: | tive date, if other than the date of filing:  |
|    | 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. |
| d  | FEBRURARY 19 TH , 2020  |
|    |   |

ţ

١