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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	sick Respor	Se towing and ited Liability Company	A Recovery LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexander	Cartugena Name of Person	
	Quick Prespon	rim/Company	Precovery LLC
	11825 SW	24 terrace Address	
	Miami, FL	City/State and Zip Code	
	Quickhesoo E-mail address: (	10 Se towing report not	ecy@GMail.com
For further information of	concerning this matter, please c	all:	
Alexander Name o	Cartuyena of Person	at ( <u>786)</u> <u>503</u> Area Code Daytim	3678) ne Telephone Number
Enclosed is a check for the	he 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 Addres		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	27	The Centre of T	l'allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quick hesponsatowing and hecovery LLC

(Name of the Limited Liability Company as it now appears on bur records.)

(A Florida Limited Liability Company)

(A Florida l	Limited Li	ibility Company	y)
The Articles of Organization for this Limited Liability Co Florida document number L200004347	ompany v <u> </u>	vere filed on	07 06 ZUZO and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liabil	ity company	here:
The new name must be distinguishable and contain the words "Limit	ted Liabilit	y Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office ac	idress on oui	r records, enter the name of the new registered
New Registered Office Address:			
New Negistered Office Address.		Enter F	Florida street address
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete p gent as pr	erformance ovided for i	of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document is
	If Chang	ing 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>		Type of Action
<u>mah</u>	Alexander Cartagena	11825 SW 24 Terr	□Add
	v	miani, FL 33175	DRemove
			□Change
Mbh	Andrew Cartagena	11825 SW ZU Terr	□Add
	· ·	Miami, FL 33175	□Remove
			Change
			□Add
			□Remove
			□Change
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			□ Change

## Page 2 of 3

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Signature of a member or authorized representative of a member		- Later
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00