LZO 000 100900

(Requestor's Name)
(Address)
(Address)
(13333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coodinant Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400352055704

19/22/29--01015--020 **80.00





Division of Corporations Johnston's Towing And Haulage LLC INC SUBJECT: _ 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: Fernando Johnston Name of Person Johnston's Towing And Haulage LLC Firm/Company 4819B Orleans Court Address West Palm Beach, Fl 33415 City/State and Zip Code fernjohno@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fernando Johnston 236-1978 Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Johnston's Towing And Haulage LLC Inc (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 04/10/2020 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L20000100900 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Johnston's Towing And Haulage, LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida City 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
Note:	ive date, if other than the date of filing:
record is fi	
Dated	10/20/200
	Signature of a member or authorized representative of a member
	FERNANDO TOHNSTON Typed or printed name of signee

Filing Fee: \$25.00