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COVER LETTER

TO: Registration Section

Division of Cor	porations		ارها است		
TOWS R US HAULING AND SHIPPING LEC					
SUBJECT:		•			
.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Shannon Stahlin				
		Name of Person			
	Direct Inc.				
		Firm/Company			
	315 W Huron Ste 240				
		Address			
	Ann Arbor, MI 48103				
		City/State and Zip Code			
	documents@directincorp.c	om to be used for future annual report no			
			othication)		
	oncerning this matter, please o	all: 877 281-6496			
Shannon Stahlin					
Name o	f Person	at () Area Code Dayti	ime Telephone Number		
Enclosed is a check for th	ne 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		Street Address:			
Registration S		Registration S			
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee		
Tallahassee, I			roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOWS R US HAULING AND SHIPPING LLC

2020 H. 11 PH 2: 40

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Completion of Complete Lie Lie Line Liability Complete Liability Comple	pany were filed on $\frac{04/13/202}{}$	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		. Florida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TNT Investments Group.	733 58TH ST. SOUTH	≣ Add
		TAMPA, FL 33619	= Aud
			□Remove
			□Change
MGR	DAVIS, LATROYA S	733 S. 58TH STREET	
		TAMPA, FL 33619	□ Add
			≡ Remove
			□Change
			_
			□Add
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ective date, if other than the			(antional)	
ective date, if other than the a effective date is listed, the date mute: If the date inserted in this brunient's effective date on the f	ist be specific and cannot be pri lock does not meet the appl	heable statutory filing (e than 90 days after filing, requirements, this date	.) Pursuant to 605.020 will not be listed a:
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) Th	ne 90th day after the
	2020			
May 6				
	·	 ·		
	··	_ ·		
May 6	Signature of a member or au	thorized representative of	fa member	