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COVER LETTER

Division of Corporations		
SUBJECT: RED AUTO	Solutions ale Name of Limited Liability Company	
SUBJECT: TECT TOTAL	Name of Limited Liability Company	
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Jonethan Caraballo Name of Person Ped Auto Solutions a Firm/Company	2023 KAY 22 SECONDA
	Rdp Auto solutions a	200
1045	Firm/Company FordHam 5t Address	PH 2: 04
	, , ,	
Sprin	19 Hill FU 34608	
727	City/State and Zip Code TOWING TEAMS FOR LUC and address (to be used for future annual report notification	(@) gmil. co-
For further information concerning this mat		_
Jore Her Ca Name of Person	rabill at (727) 433 SArea Code Daytime Telep	98 40 phone Number
Enclosed is a check for the following amour	nt.	
□ \$25 00 Filing Fee □ \$30.00 Filing		☐ \$60.00 Filing Fee,
Certificate	· · · · · · · · · · · · · · · · · · ·	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LED AUX	o Solutions CLC	
(Name of the Limit	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I. Florida document number $ u 2000 1339$		and assigned
This amendment is submitted to amend the foll-	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	727 Towing LCC
The new name must be distinguishable and contain the w	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		1023 HAY 2
(Mailing address MAY BE A POST OFFICE	<u>ΒΟλ)</u>	T .
B. If amending the registered agent and/or ragent and/or the new registered office addre	G.	rds, enter the name of the new registered
Name of New Registered Agent:	Jonatha Ca	16610
New Registered Office Address:	10 45 FOI Ha	n St
	Spring Hill	Florida 34608
	<i>₩</i>	zap Couc

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:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more that	(optional) han 90 days after filing) Pursuant to 605 0
te: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	ne earlier of: (b) The 90th day after t
ed May 22, 2023.	