

L20000137866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

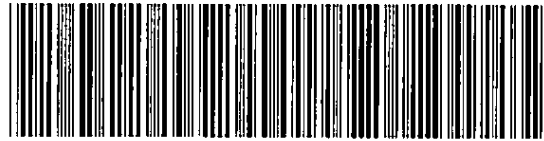
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J. HORNE
NOV 14 2022

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SECRETARY OF
STATE
BELL AMBASSADOR

2022 NOV 14 AM 11:20

FILED

2022 NOV 14 AM 11:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AA TOWING AND RECOVERY LLC

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:

TARIQ KABIR

Name of Person

AA TOWING AND RECOVERY LLC

Firm/Company

7120 MEMORY LANE, UNIT#C

Address

ORLANDO, FLORIDA 32807

City/State and Zip Code

TQKABIR@GMAIL.COM

E-mail address* (to be used for future annual report notification)

For further information concerning this matter, please call:

TARIQ KABIR

929 494-4021

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AA TOWING AND RECOVERY LLC

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

FILED
2022 NOV 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/20/2020 and assigned
Florida document number L20000137866.

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 ADDRESS)

7120 MEMORY LANE

UNIT#C

ORLANDO, FLORIDA 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7120 MEMORY LANE

UNIT#C

ORLANDO, FLORIDA 32807

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:

REGISTERED AGENTS INC

New Registered Office Address:

7901 4TH ST N STE 300

Enter Florida street address

ST. PETERSBURG

City

Florida 33702

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>	<u>Address</u>	<u>Type of Action</u>
MGR	AMAN, FATIHA B	9108 VALENCIA COLLEGE LANE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAHMAN, MOHAMMAD S	9108 VALENCIA COLLEGE LANE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TARIQ KABIR	7120 MEMORY LANE	<input checked="" type="checkbox"/> Add
		UNIT#C	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32807	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Mr. A. H. H.

MOHAMMAD RAHMAN

Typed or printed name of signee