L20000187577

(Re	questor's Name))
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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AUG 2 9 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		•
SUBJECT: TBS	3. Towing M	AND Recovery ited Liability Company	<u>UC</u>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Yone, M.	Gon 2467 Name of Person	
	TRB TOW.	Mg and Recov	ery LLC
	8205 Olives	VOOZ PL	
	Tampa I	City/State and Zip Code	
		and Recovery 6 (
For further information co	oncerning this matter, please ca	all:	
Yours - M. (TOVITALO T	at (<u>813</u>) <u>841-</u> Area Code Daytime	7507 Telephone Number
Enclosed is a check for th	e following amount:		
(V \$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 S	ection	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBB Towing AND Recovery LLC

(Name of the Limited Liability Company as it now appears on our seconds.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on	1-02-2020	and assi	igned
Florida document number <u>L 2000 187577</u>			2020	
This amendment is submitted to amend the following:				1
A. If amending name, enter the new name of the limited lia	bility company here:		20	•
			AK	; ; j
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designa	ition "LLC" or the abbre	• •	, C. and
Enter new principal offices address, if applicable:		_	59	
(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	e address on our record	ls, enter the name o	of the new	registered
agent and/or the new registered office address here:	works on our record	an character and many o	THE IN	TC ASSET CO
Name of New Registered Agent:				.
New Registered Office Address:	Enter Florida str	vet address		
		. Florida		
	Cuy		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 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

Title	<u>Name</u>	Address	Type of Action
MAR	Yonis M. Gonzalez	8205 Olivewood PL, Tampe	A MAdd
		FL 33615	□Remove
			🗆 Change
MGR		7919 Judith cres	
	Meilener	PORT Richey FL 34668) ☐Remove
			DChange
	.		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change

	
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: ffactive	date if other than the date of filing.
Note: II	date, if other than the date of filing:
e record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b). The 90th day after the
Dated	07-16-2020
	Signature of a member or authorized representative of a member