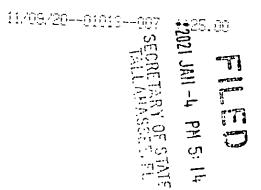
L20000199537

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	١	1/4/21

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2020

DANA R STUART 6977 SNUG WATERS ROAD NAVARRE, FL 32566

SUBJECT: EMERALD SHORES TOWING AND RECOVERY LLC

Ref. Number: L20000199837

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 2 of 3 is missing. All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 820A00025521

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: <u>EM</u> CY	ald Shores Towng	and browen LLC	
30037.CT	Name of Nin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	- -	
r rease return an correspo	ondence concerning this matter	to the following.	
	Dana R.	Huard Name of Person	
		nes Towing and Recons	eny UC
	<u>6977 Snug</u>	Waters Rd Address	
	Navarre	FL 325Q6 City/State and Zip Code	
		art 110 gmail. (cm to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co		
Dana R.	Stuart	ar (850) 905-3)977
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	-L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2821 JAH -4 PH 5: 14

EMERALD SHORES TOWING AND RECOVERY LLC

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

[A Florida Limited Liability Company]

The Articles of Organization for this Limited Liability Compan	ry were filed on and assigned
Florida document number <u>L20000199837</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Gulf Coast Towing and Recovery	LLC
The new name must be distinguishable and contain the words "Limited Lial	aility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6977 Snug Waters Rd
(Principal office address MUST BE A STREET ADDRESS)	Novarie Ft 33566
Enter new mailing address, if applicable:	6977 Solla Waters Ril
(Mailing address MAY BE A POST OFFICE BOX)	Navarre FL 325106
(Studing duaress MAT DE A FOST OFFICE BOA)	-WWII-C I-C J-300
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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>	Name	Address	Type of Action
	no changes - Des		
	· ·		□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			
		🗆 Add	
			□Remove
		□Add	
			🗆 Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing: 9/10/200 (optional) Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	<u>December 29</u> . 2020.
	Signature of a member or authorized representative of a member
	Dava L. Stuart Typed or printed name of signee

Filing Fee: \$25.00