

L70 000 212505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

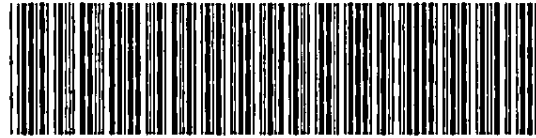
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 15 AM 7:06
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O SIMMONS

FEB 24 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARRIS 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:

SHELDON HARRIS

Name of Person

HARRIS TOWING AND RECOVERY LLC

Firm/Company

3058 SUNSET LN

Address

MARGATE, FL 33063

City/State and Zip Code

SHARRIS200687@YAHOO.COM

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

further information concerning this matter, please call:

ELDON HARRIS

219

718-9602

at ()

Name of Person

Area Code

Daytime Telephone Number

used 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
Tallahassee, FL 32314

Street Address:

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**

2021 JAN 15 AM 7:06

HARRIS TOWING AND RECOVERY LLC

(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 Company were filed on 07/21/2020 and assigned
Florida document number L20000212505.

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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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:

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MGR = Manager
AMBR = Authorized Member

2021 JAN 15 AM 7:06

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHELDON HARRIS	3058 SUNSET LN	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
		219-718-9602	<input checked="" type="checkbox"/> Change
MGR	DEQUINTA HULITT-HARRIS	3058 SUNSET LN	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
		317-201-6298	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

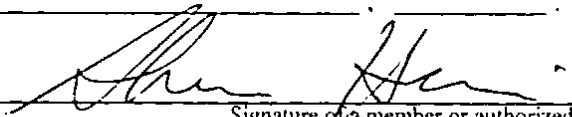
2021 JAN 15 AM 7:06

ST. LOUIS, MISSOURI
4-131-4421

Effective date, if other than the date of filing: _____ (optional)
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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 is filed.

ted JANUARY 6TH 2021


Signature of a member or authorized representative of a member

SHELDON HARRIS
Typed or printed name of signee