

L20000221727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

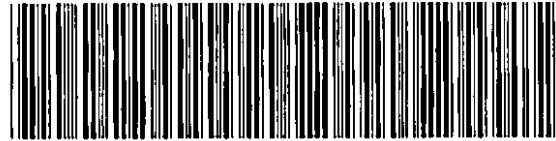
(Document Number)

Certified Copies _____

Certificates of Status _____

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2020 NOV 18 PM 3:45

DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

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NOV 19 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/18/2020

☐ **CERTIFIED COPY**

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AMENDMENT

1. Naples Towing & Recovery LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**CIAL
TRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPLES TOWING & RECOVERY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY THOMPSON

Name of Person

NAPLES TOWING & RECOVERY LLC

Firm Company

4645 Progress Ave

Address

Naples, FL 34104

City/State and Zip Code

TOWINGNAPLES@GMAIL.COM

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

For further information concerning this matter, please call:

TIMOTHY THOMPSON

239

919-4624

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
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**

NAPLES TOWING & 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 JULY 27, 2020 and assigned
Florida document number L20000221727.

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:

4484 MERCANTILE AVE

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34104

Enter new mailing address, if applicable:

4484 MERCANTILE AVE unit B

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34104

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:

GINAL DORGIS

New Registered Office Address:

4484 MERCANTILE AVE

Enter Florida street address

NAPLES

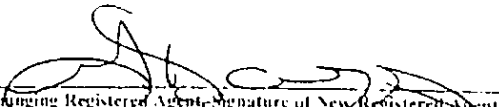
Florida 34104

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

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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	JALIX GEORGES	3884 PROSPECT AVENUE	☐ Add
		NAPLES, FL 34104	☒ Remove
			☐ Change
MGR	GINAL DORGIS	4484 MERCANTILE AVE	☒ Add
		NAPLES, FL 34104	☐ Remove
			☐ Change
MGR	FRANTZDY DALUS	4484 MERCANTILE AVE	☒ Add
		NAPLES, FL 34104	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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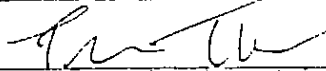
E. Effective date, if other than the date of filing: _____ (optional)

(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 605-6267 (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.

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.

Dated NOV 17 2020



Signature of a member or authorized representative of a member

Timothy Thompson

Typed or printed name of signer

Filing Fee: \$25.00