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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of C	orporations		·	
419 115 110 4000	ez Towing Services L.L.C.			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Filing Jesse K			
	<u> </u>	Name of Person		
	ZenBusiness Inc			
	-	Firm/Company		
	5511 Parkerest Dr., Ste. 20	07		
		Address		
	Austin, TX 78731			
		City/State and Zip Code		
	compliance@zenbusiness.c	om to be used for future annual report noti	fication)	
For further information	n concerning this matter, please c			()
Jesse K	,	844 4936249		\.;/
Name	e of Person	at () Area Code Daytime	e 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)	
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corpor	n	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rodriguez Towing Services L.L.C. (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  $\frac{08/25/2020}{1}$ and assigned Florida document number  $\frac{1.20000263703}{}$ 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 "LLC." 1316 Santa Rosa Dr **2**03 Enter new principal offices address, if applicable: Kissimmee, FL 34741 (Principal office address MUST BE A STREET ADDRESS) 316 Santa Rosa Dr 203 Enter new mailing address, if applicable: Kissimmee, FL 34741 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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>	Address	Type of Action
AMBR	Miguel Rodriguez		Add
			□ Remove
		1316 Santa Rosa Drive 203	■ Change
			Add
			□ Remove
			☐ Change
			Remove(¹)
			□ Change
			Add
			N □ Remove
			□ Change
			□ Remove
			Change
			Add
			Remove
			Change

Effective date, if other than the date of filing:  [In effective date, if other than the date of filing:  [In 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 60 More; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list focument's effective date on the Department of State's records.  The 90th day after the record is filed.    August 9	·		<del></del>
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ated August 9 2021	···		
	=		·
	21	2021	August 9
Signature of a member or authorized representative of a member			
	f a member	f a member or authorized representative of	Sign
Miguel Rodriguez, Member		<del>-</del> -	•

Page 3 of 3

Filing Fee: \$25.00