L2000026689

(Requestor's Name)	
(Address)	500353096115
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/13/2001013033 **25.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	 (3

Office Use Only

COVER LETTER

TO:

TO: Registration S Division of Co		
SUBJECT:	NT Auto Ser	vices and Tow UC
	Na	ame of Limited Liability Company
The enclosed Articles o	f Amendment and fee((s) are submitted for filing.
Please return all corresp	ondence concerning th	his matter to the following:
		Name of Person
		Firm/Company
		Address
		City/State and Zip Code
For further information		il address: (to be used for future annual report notification)
Sharlene Tayl	or	at (SG1) 2 15 - 6 370
Name	of Person	at (<u>\$61</u>) <u>215 - 6370</u> Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	:
✓ \$25.00 Filing Fec	S30.00 Filing I Certificate of	
Mailing Addr Registration		Street Address: Registration Section
	Corporations	Registration Section Division of Corporations
P.O. Box 63		The Centre of Tallahassee
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appears on our records.)
	(A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on 08/27 /2020 and assigned
Florida document number <u>L 20000 2 66 6</u>	
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	ROY)
(maning duaress STAT BE AT OST OFFICE	
	egistered office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office addres	ss nere:
Name of New Registered Agent:	Sharlene Taylor
New Registered Office Address:	234 SW and COUR+ Enter Florida street address
	Decrfield Beach Florida 33441
	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.

Shorlere Taylor
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
MGR_	Tobias Taylor	234 SW and court Deerfield	L MAdd
		Beach F1 33441	🗆 Remove
			□ Change
AMBR	Sharlene Taylor	234 Sw 2nd cour + Deerfield	□Add
		Beach F1 33441	□Remove
			_ Change
			□Add
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record Lis filed						ŕ
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