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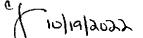
(F	Requestor's Name)
- (A	Address)
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PICK-UP	WAIT MAIL
(6	Business Entrty Name)
([Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: North	L Thoride Tapin	1 + Pocosey (1)	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ruph WMCGut	Name of Person	
	Nash Thous	A Tany Alecorez	ιιc
	2800 Gum	Address	
	Toll Il.	32309 City/State and Zip Code	
		to be used for future annual report not	
For further information c	E-mail sedress.Q		ification)
Dubhia M.G.	fler 1st	at (850) <u>576-</u>	7507
Name o	f Person O		ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810
rananassee, i	. L JAJ17	49 ED 18. 1810HI (n ancer, aune ord

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 007 19 77 10: 5

North Haids Towing + Pecantle L 20000296667

(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 Cor	npany were filed on	09/21/2020	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	ere:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the c	lesignation "LLC" or the	abbreviation "L L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u></u>		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our t	records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:			
New Registered Office Address:		· 	
	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•		zīp Coāe
			La sala da
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ent as provided for in	f my duties, and I ar Chapter 605, F.S. C	n familiar with and Or, if this document is

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_	Raphwaldo MGaffy JR	B45) Lala Atlinson Dr.	□Add
		Tall J1. 32310	ERemove
			□Change
			🗆 Add
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			□Change
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te: If the date inse	ner than the date of fili ed, the date must be specific a reted in this block does no date on the Department o	of meet the applicable st	of filing or more than 90 day attitory filing requirement	(optional) s after filing.) Pursuant to 60: s, this date will not be list	5.0207 ted as
cord specifies a de s filed.	layed effective date, but n	not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day afte	er the
ed <u>lo -\ \</u>	-	. 203≥-			
Palal	w McGuph	Par III	epresentative of a member	· -	
· 1	.311/11/11/11	a ukinder of ammonized to	coresentative in a meroner		

Filing Fee: \$25.00