## L20 000305612

	=	
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
		3/15/21
Special Instructions to		
	Office Use On	alv



700356545277 🗸

12/21/20--01012--018 \*\*60.00

8 12 Ca --- 1

777 15 EX 3:56





February 5, 2021

DEXTER BIRCH 6419 SW 19 ST MIRAMAR, FL 33023

SUBJECT: DUTTY DEX TOWING LLC

Ref. Number: L20000305612

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FIRST PAGE OF THE AMENDMENT FORM WAS OMITTED. PLEASE COMPLETE AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00002637

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	DEXTER BIACH Name of Person	
	DUTTY DOX TOWING LLC Firm/Company	
	6419 SW 19 ST Address	
	MINIAM FL 1 33023 City/State and Zip Code	
	DUTTY DEX TOWING @ 9 MBIL COM E-mail address: (to be used/or future annual report notification)	
For fur	her information concerning this matter, please call:	
	Name of Person at (754) 837 - 2928  Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
□ \$25	Certificate of Status  □ \$30.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certificate of Status  □ \$60.00 Filing Fee & Certificate of Status  □ \$60.00 Filing Fee & Certificate of Status  □ \$60.00 Filing Fee & Certificate of Status	uus &

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

he Articles of Organization for this Limited Liability Company	were filed on 09/2	912020 and assigned
lorida document number <u>L2 0000 305612</u>		sure assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	111617
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	
Inter new principal offices address, if applicable:		U.
Principal office address MUST BE A STREET ADDRESS)		
		<del>ः</del> ज
		υ,
inter new mailing address, if applicable:	6419 SW	19 ST
Mailing address MAY BE A POST OFFICE BOX)	MIRAMAN	19 5 T FL, 33023
<u></u>		
3. If amending the registered agent and/or registered office a	address on our records, <u>e</u>	nter the name of the new registe
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registe
s. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registe
3. If amending the registered agent and/or registered office a	address on our records, e	nter the name of the new registe
s. If amending the registered agent and/or registered office a gent and/or the new registered office address here:		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here;  Name of New Registered Agent:	enddress on our records, e	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here;  Name of New Registered Agent:	Enter Florida street c	uddress , Florida
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		uddress
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here;  Name of New Registered Agent:	Enter Florida street o City	uddress _, <b>Florida</b> Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If am inding 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
MGR	DEXTER BIRCH	6419 SW 1957	
		MIKAMAR, FL, 33025	□Remove
			□Change
			□Add
			□Remove
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		<del></del>	🗀 Add
		<del></del>	□Remove
		<del> </del>	Change
<del></del>	<del></del>		□Add
		<del></del>	□Remove
			□Change

•	
•	
-	
-	
•	
-	
-	
•	
-	
-	
lf an ef <u>Note:</u>	ive date, if other than the date of filing: DECEMBER 16 2020 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor d is fi	ed 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 led.
Dated	DECEMBER 16, 2020.
	10.0
	Signature of a member or authorized representative of a member

Service Control