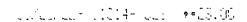
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SECRETARY OF STATEME SECRETARY

NOV 08 2022

TO: Registration Section **Division of Corporations** ProTow Towing & Recovery LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard Gadson Name of Person ProTow Towing & Recovery LLC Firm/Company 1525 14th St Address Orange City, FL 32763 City/State and Zip Code richard@protowtowingllc.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard Gadson Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations**

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ProTow Towing & Recovery LLC			
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on our records, ability Company))
The Articles of Organization for this Limited L. Florida document number		vere filed on 10/9/2020	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liabil	ity company here:	
The new name must be distinguishable and contain the v	words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:	ddress on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:	Richard Gadson		
New Registered Office Address:	1525 14th St		
		Enter Florida street address	
	Orange City	, Flo	rida <u>32763</u>
		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.

Millard Gadson

If Changing Registered Agent, Signature of New Registered Agent

11 amending Authorized rerson(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	Justin Palmer	1525 14th St	
		Orange City, FL 32763	■Remove
			Change
			□Remove
			Change
			□Add
			□Remove
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fective date, if other than the date in effective date is listed, the date must be the interest of the date inserted in this block current's effective date on the Dep	e specific and cannot be prior k does not meet the applic	cable statutory filing req	(optional) nan 90 days after filing.) Pursu juirements, this date will no	ant to 605.0207 of be listed as
ecord specifies a delayed effective of the filed.	late, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
August 12th	2022	·		
August 12th	DocuSigned by:	<u> </u>		
	·	orized representative of a	member	<u>-</u>