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COVER LETTER

TO: Registration S Division of Co			
OLUB ID OFF	TOWING LLC	•	•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	·	Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	·
	HOUSTON, TX 77064		
	EFU CAMANGELE CO	City/State and Zip Code	
	EFILE1234@INCFILE.CO E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
LOVETTE DOBSON		888 462-3453	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ S30.00 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TOWING LLC
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on 11/24/2020 and assigned
Florida document number L20000371103	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	1 liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	(2.2
Enter new mailing address, if applicable:	70 West Grove Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Lake Wales, Fl. 33853
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:

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 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	Robert R Webster	70 West Grove Avenue	∏∆dd
		Lake Wales, FL 33853	_
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Effective date, if other fan effective date is listed, th	ne date must be specific	and cannot be prior to	o date of filing or mor	(option e than 90 davs after fi	ling.) Pursuant to 605 0207
Note: If the date inserted locument's effective date	in this block does no	ot meet the applical	ble statutory filing	requirements, this o	late will not be listed as
record specifies a delaye d is filed.	d effective date, but	not an effective tim	ne, at 12:01 a.m. or	the earlier of: (b)	
Pated May 5		2021	<u> </u>		2021 LEX
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