## L21000037803

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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	i
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## **COVER LETTER**

TO: Registration Section

Division of Cor	rporations		
PARKER'S	TOWING AND TRANSPOR	RT LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JENELLE A PARKER		
		Name of Person	
	PARKER'S TOWING AN	D TRANSPORT LLC	
	<del></del>	Firm/Company	<del></del>
	17160 SE 249TH TERR		
	<del></del>	Address	
	UMATILLA, FL 32784		
		City/State and Zip Code	
	JJRMOMMY3@GMAIL.C		
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
		at()	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARKER'S TOWING AND TRAI	NSPORT LLC		
(Name of the Lim	ited Liability Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited I. Florida document number <u>L21000027803</u>	Liability Company were	filed on 01/12/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability o	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses		ss on our records, enter the	name of the new registered
Name of New Registered Agent:	JENELLE A PARKE	R	
New Registered Office Address:	17160 SE 249TH TE		2007 1007 1007
		Enter Florida street address, Florid:	rg.
	UMATILLA	Florid:	32784
		lity	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete perfo gistered agent as provic registered office addr	ormance of my duties, and I ded ded for in Chapter 605, F.S. ess, I hereby confirm that th	am familiar wth and Or, if this document is

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

Title	Name	Address	Type of Action
MGR	KEVIN D PARKER	17160 SE 249TH TERRACE	🗆 Add
		UMATILLA, FL 32784	
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If an effective date Note: If the dat	if other than the date is listed, the date must be inserted in this block entire date on the Department	specific and cannot be does not meet the a	prior to date of filing opplicable statutory f	option (option) (option) or more than 90 days after filling requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
	s a delayed effective da	ite, but not an effect	ive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
e record specifie rd is filed.					
rd is filed. SEPTEM	BER 28	2021			
rd is filed.	anollo O	arkloc	·		
rd is filed. SEPTEM	anollo O	2021	authorized representa	tive of a member	

Filing Fee: \$25.00