## L21000066020

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: 1	ST Choice To	- DWING LLC	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	GIORMIS	Guaranas Name of Person	Meulener
		noice Towing L	
	7919	JUDITH CRES	
	PORT RICH	NEY FL 3466 City/State and Zip Code	8
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
GIORN	115	at ( <u>813</u> ) <u>598</u> Area Code Daytim	4567
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
序\$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		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st Choice Towing LLC		
(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 Company were filed on $02/08/2021$ . Florida document number $421000066020$ .	_ and assigne	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation (LC) and the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the contain the words of the contain the contain the contain the words of the contain the words of the contain the contain the contain the words of the contain	viation "L.L.C."	-
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, <u>enter the name</u> gagent and/or the new registered office address here:	- m - 3	gistered
	NOV	1
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:  **Enter Florida street address**		€
	2: 44 STATE LORIO	
, Florida,	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.

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	GIORMIS GUADARRAMAS	7919 Judith CRES, PORT Richey	□Add
		FL, 34668	□Remove
			□ Change
ANBR	Reinerio Rolo Hernandez	5102 GYTH ST N	<b>%</b> Add
		ST PETERSBURG, FL, 33709	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
	<del></del>		🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated November 01 Signature of a member or authorized representative of a member

Filing Fee: \$25.00