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COVER LETTER

TO:

Registration Section

Division of Corporations Alfa Towing 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: Hilmi Gashi Name of Person Alfa Towing LLC Firm/Company 3207 Forest Blvd Unit 2 Address Jacksonville, FL 32246 City/State and Zip Code trey@debbicsaccountingservice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hilmi Gashi 866-3852 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: (1) ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing F ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed **Mailing Address:** Street Address: **Registration Section** Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 Changing Registered Agent, Signature of New Registered Agent

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
MGRM	Hala Zakareya Hassan Ahmed Khali	1801 Kernan Blvd S Apt 2201	= Add
		Jacksonville, FL 32246	□Remove
			Change
			□Add
			Remove
			Change
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. If amending any other information, enter change(s) here: (Atta	ich additional sheets, if necessary.)
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Effective date, if other than the date of filing: 03-10-2	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date o	f filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
document is effective date on the separation of state a records.	
	2.01
he record specifies a delayed effective date, but not an effective time, at 1 ord is filed.	2.01 a.m. on the earner of. (b) The 30th day after the
Dated March 10 2021	
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Signature of a member or authorized rep Hilmi Goch: Typed or printed name	presentative of a member
Hila: Careta	
Trimi Gash.	of since