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COVER LETTER

TO: Registration Division of C		
	essed Towing Services LLC	
SUBJECT:	Name of Lit	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.
Please return all corres	spondence concerning this matter	r to the following:
		Liz Santiago Irizarry
		Name of Person
		Firm Company
7704 Pine Hawk Lu		7704 Pine Hawk Lu
	Address	
		Orlando, FL 32822
		City/State and Zip Code
		lizsantiagi@gmail.com
		(to be used for future annual report notification)
	n concerning this matter, please of	call:
Liz Santiago Irizarry		407 721-8475 au()
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:	
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy is enclosed) Gadditional copy is enclosed: Gadditional copy is enclosed:
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&L Blessed Towing Services 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 $\frac{02/15/2021}{1}$ and assigned Florida document number <u>L21000077942</u> 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 $t\overline{m}$ comply with the

I nevery accept the appointment as registered agent and agree to act in this capacity. I further ugree 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Geovani Santos Colon	7704 Pine Hawk Ln	□ Add
		Orlando, F1, 32822	■Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			Add (2)
			Remove
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Effective date, if other than the difference of the factories of the facto	be specific and cannot be prior to date of filing	or more than 90 days after filin	g.) Pursuant to 6054	207 (3
Note: If the date inserted in this blood document's effective date on the Dep		filing requirements, this dat	te will tot be listed	l i ns th
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ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after	the
Dated March 13	2021			
	Xla Sator	entive of a member		
3		gave of a memoer		
	Liz Santiago Irizarry Typed or printed name of sign			

Filing Fee: \$25 0