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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates o | f Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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2023 JUL - 5 AM 8: 51 SECRETARY OF STATE 17.1 LAHASSEE, FLORIN

APPROVED AND FILED



May 9, 2023

MANUEL RODRIGUEZ JR C'Z TOWING AND JUNK CARS LLC 451 LISA KAREN CIR APOPKA, FL 32712

SUBJECT: C'Z TOWING & JUNK CARS LLC

Ref. Number: L21000082372

We have received your document for C'Z TOWING & JUNK CARS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Sean Toner Director

Letter Number: 923A00010433



COVER LETTER

| Division of Corpor | | | |
|-------------------------------|---|---|---|
| SUBJECT: C'2 To | wing and Jur | ik Cars LLC | |
| | J Name of Limit | ed Liability Company | |
| The enclosed Articles of Am | and most and foots) are subm | situal for filing | |
| | | | |
| Please return all corresponde | ence concerning this matter to | the following: | |
| | manue | Rame of Person | <u>/ _V </u> |
| | C'2 Towing | and Junk Cars | sllc |
| (| 151 Lisa k | Caren Cir | |
| | Apopka | City/State and Zip Code | |
| , | My 1978 333 E-mail address: (to | o mal. Com be used for future annual report notific | ration) |
| For further information cond | erning this matter, please cal | N: | |
| Latoya Ba | nks | at (UD) 535- | O & 2_1 Telephone Number |
| ' Name of Pe | rson | Area Code Dayime | rereprose (various |
| Enclosed is a check for the t | ollowing amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

C'2 Towing and Junk Cars LLC

APPROVED AND FILED

2823 JUL -5 AM 8: 51

OF STATE

| The Articles of Organization for this Limited Liabilit | ty Company were filed on 2/18/2021 | and assigned |
|---|--|----------------------------|
| Florida document number <u>L 21000392372</u> | | |
| This amendment is submitted to amend the following | r. | |
| A. If amending name, enter the new name of the | | |
| C'2 Towing LCC The new name must be distinguishable and contain the words | t imited Liability Company "the designation "I. (" or th | ne abbreviation "L.L.C." |
| | | ic about viamon size. |
| Enter new principal offices address, if applicable: | | |
| <u> Principal office address MUST BE A STREET AL</u> | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | |
| | | |
| | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | name of the new registered |
| agent and/or the new registered office address he | <u>ie</u> . | |
| N CN D 1 A A | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 17 17 1 | |
| | Emer Florida street address | |
| _ | , Florida | 7:- C. J. |
| | City | zip Coae |

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 |

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|----------|----------------|
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Page 2 of 3

| ii amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ve date, if other than the date of filing: |
| he rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated _ | 6-27-23 |
| | |
| | Signature of a member or authorized representative of a member |
| | Manuel fidnguez Jr |

Page 3 of 3

Filing Fee: \$25.00