121000091102

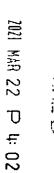
| (Re | questor's Name) | |
|-------------------------|----------------------|-------------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| · | | |
| | ry/State/Zip/Phone | · (1) |
| (Cit | .y/State/Zip/Pflofie | : ++) |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | isiness Entity Nam | ne) |
| | | |
| (Dr | cument Number) | |
| (23 | , coment romes, | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| <u> </u> | • | |
| | | |
| | | |
| | | |
| | | |
| Į | | ı |
| 1 | | |
| L | | |





400361635884

03/22/21--01033--025 **25.00



(%)



COVER LETTER

| TO: Registration S Division of Co | | | | |
|--|--|--|---|---|
| | wing, LLC | | | |
| SUBJECT: | Name of Lin | ited Liability Company | ·· · | |
| | | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | oondence concerning this matter | to the following: | | |
| | Barbara Hidalgo | | | |
| | | Name of Person | | |
| | J & C Towing, LLC | | | |
| | | Firm/Company | · | |
| | 13513 SW 180th Terrace | | | |
| | | Address | | |
| | Miami, FL 33177-7109 | | | |
| | | City/State and Zip Code | | |
| | jc305towing@gmail.com | to be used for future annual report noti | | |
| For further information | concerning this matter, please c | · | neation) | |
| Barbara Hidalgo | To the first product of | 305 962-2014 | | |
| | of Person | at () | e Telephone Number | |
| 7.4 | VI I CIONI | 7 Tea Cook 17ay tina | e reseptione reunioer | |
| Enclosed is a check for | the following amount: | | 70 | O |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Sectificate of States Certificate Of States Certified Copy (additional copy is enc of the Certified Copy is encoded) | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL | etion porations allahassee e Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J & C Towing, LLC | | |
|---|---|------------------------|
| (Name of the Limited Liabil | lity Company as it now appears on our records.) da Limited Liability Company) | |
| (A FIORE | ia isiniaed isatomicy Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on 02/24/2021 | and assigned |
| | | and assigned |
| Florida document number L21000091102 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | aited liability company here: | |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RFSS) | |
| Tracipal office data ess bioST bL A STREET ADD | RESS) | _ |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registere | ed office address on our records, enter the new | ne of the new register |
| agent and/or the new registered office address here: | | ne of the new register |
| | | |
| | | |
| Name of New Registered Agent: | | <u> </u> |
| No. 10 to 1000 All | | 2021 |
| New Registered Office Address: | Enter Florida street address | - == :1 |
| | Emer Product street dadress | . AB |
| | Florida | Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registere | ed Agent: | . 0 |
| | | · + • |
| I hereby accept the appointment as registered agent | and agree to act in this capacity. I further $ar{a_0}$ | gree to comply with t |
| provisions of all statutes relative to the proper and c | | |
| accept the obligations of my position as registered a | | |
| being filed to merely reflect a change in the register | ed office address. I hereby confirm that the li | mited 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 |
|--------------|-------------------|------------------------|---|
| AMBR | Carlos M. Hidalgo | 13513 SW 180th Terrace | ■Add |
| | | Miami. FL 33177 | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | | | - · · |
| | | | □Remove (5) 101 102 102 103 103 103 104 105 105 105 105 105 105 105 105 105 105 |
| | | | □ □ □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Changa |

| Ein# 3 | 1 - 700 | 230 | | | |
|--------------------------------------|-------------------------|----------------------|---------------------------|--------------------------|---------------------------------------|
| | 0 2700 | | | | |
| * Attached | lis a c | opy of | Ine IRE | s assigne | <u>(</u> \(\) |
| - Homber | | | | | |
| | | | | | |
| | | | | | |
| | <u>-</u> | | | | |
| | | | | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u> </u> | - | | |
| | | | | | |
| | | | | | |
| | | - | | _ | |
| | | | | | |
| | _ | | | | |
| | _ | | | | |
| | | | | | |
| | | <u> </u> | | | |
| | | | | | |
| ective date, if other than t | | 03/15/2021 | | (optional) | |
| effective date is listed, the date r | nust be specific and ca | annot be prior to da | te of filing or more that | in 90 days after (iline) | Pursuant to 605.02 |
| ument's effective date on the | Department of Sta | te's records. | statutory ming requ | irements, this date | |
| | | | | | AR 22 |
| cord specifies a delayed effec | tive date, but not ar | effective time, | at 12:01 a.m. on the | earlier of: (b)The | e 90th day after il |
| s filed. | | | | - | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| 3/15 | | 3.00.1 | | |) 4: 02 |
| ed <u>3112</u> | · | <u> 2021 -</u> - | 1 | *• | 2 |
| | 20 100 C | The la | b | | |
| | Signature of a me | mber or authorized | representative of a n | tember | _ |
| | | | | | |

Filing Fee: \$25.00