

L21 000 162 969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

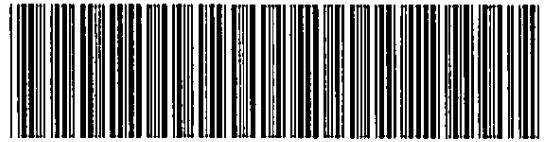
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700394561357

09/16/22--01011--001 **25.00

2022 SEP 16 PM 4:15
SECRETARY OF STATE
--TALLAHASSEE, FL--

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R TOWING & SMALL REPAIRS LLC

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:

EDUARDO RIOS-MORALES

Name of Person

R TOWING & SMALL REPAIRS LLC

Firm/Company

4537 AMANDA LN

Address

FORT MYERS, FL., 33905

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO RIOS-MORALES

239 327-3881

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 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

FILED
2022 SEP 16 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

R TOWING & SMALL REPAIRS 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 04/08/2021 FLORIDA and assigned
Florida document number L21000162969.

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)

4537 AMANDA LN

FORT MYERS, FL, 33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4537 AMANDA LN

FORT MYERS, FL, 33905

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

Florida

City

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.

FILED
2022 SEP 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AR	PAOLA TREJOS-CAMACHO	4287 SW 5TH ST	<input type="checkbox"/> Add
		MIAMI, FL, 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2023 SEP 16 PM 2:13
 SECRETARY OF STATE
 TALLAHASSEE FL

2022 SEP 16 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP 16 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

ה
ה
ה
ה
ה

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

Dated SEPTEMBER 12 2022

Chas. J.

Signature of a member or authorized representative of a member

EDUARDO RIOS-MORALES

Typed or printed name of signee