121000240391

| (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: | |
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2021 FEB 25 AM 6: 23
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER MAR - 7 2022

COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | |
|--|---|---|---|
| Lucky Tow | ring LLC | | |
| SUBJECT: | | ited Liability Company | ···· |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Randy Wilson | | |
| | | Name of Person | |
| | Lucky Towing LLC | | |
| | • | Firm-Company | |
| | 1245 North New Warringt | on Road Suite E | |
| | • | Address | |
| | Pensacola "FL 32506 | | |
| | | City/State and Zip Code | |
| | rrw51500@gmail.com | | 78 |
| Usa Gambon in Francistica a | | to be used for future annual report not | incation) |
| | oncerning this matter, please c | | |
| Randy Wilson | | 850 418-5813 at () Area Code Daytir | |
| Name o | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check for the | ne 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 S Division of C | Section | Street Address: Registration So Division of Co | |
| P.O. Box 632 | .7 | The Centre of | - |
| Tallahassee, l | FL 32314 | 2415 N. Monro | be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION IL ED **OF**

2021 FEB 25 AM 6: 23

Lucky Towing LLC (Name of the Limited Liability Company as it now appear 57 the CA Florida Limited Liability Company) IALLADIASSEE, FL

| | ompany were filed on | and assigned |
|--|---|----------------------------------|
| lorida document number 1.21000240391 | ·· | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, <u>enter the new name of the limi</u> | ited liability company here: | |
| Lucky Automotive Services LLC | | |
| he new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| | | er the name of the new region |
| | i office address on our records, <u>ent</u> | er the name of the new regis |
| If amending the registered agent and/or registered gent and/or the new registered office address here: | i office address on our records, <u>ent</u> | Create name of the new regis |
| gent and/or the new registered office address here: | i office address on our records, <u>ent</u> | er ene name of the new regis |
| gent and/or the new registered office address here: Name of New Registered Agent: | office address on our records, ent | Create manne of the new regis |
| gent and/or the new registered office address here: | | |
| gent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street add | l _{ress} |
| gent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street add | |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = | Manager |
|--------|-------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| | tive date, if other than the da ffective date is listed, the date must b If the date inserted in this block | | | | |
| | nent's effective date on the Depa | | | | |
| the re) The | cord specifies a delayed e e 90th day after the recor | effective date, but no d is filed. | ot an effective time | , at 12:01 a.m. on the | earlier of: |
| Dated | February 19th | 2022 | | | |
| | P | 10: | | | |
| | Si | gnature of a member or auth | orized representative of a r | nember | |
| | | | · | | |
| | Randy Wilson | | | | |

Page 3 of 3