L21000 258697

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COVER LETTER

TO: Registration Division of	i Section Corporations		
	ine Towing Recovery & Transpor	t, LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Misty Weigel		
		Name of Person	
	Finish Line Towing Recov	ery & Transport	
		Firm/Company	
	PO Box 6041		,
		Address	 · · ;
	Live Oak, FL. 32064		!
	misty.weigel@finishlinetrt.	City/State and Zip Code	- 100 - 100 - 100
		to be used for future annual report notification)	
For further information	on concerning this matter, please c	all:	13 43)
Misty Weigel		239 440-5985 at ()	
Nar	ne of Person	Area Code Daytime Telephone	Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, Tertificate of Status & Tertified Copy additional copy is enclosed)
P.O. Box (on Section f Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finish Line Towing Recovery & Trasnp			
(<u>Name of the Limited L</u> (A F	iability Compa lorida Limited l	my as it now appears on our re Liability Company)	cords.)
he Articles of Organization for this Limited Liabil lorida document number $\frac{1.21000258697}{1.21000258697}$	ity Company	were filed on <u>6/3/2021</u>	and assigned
his amendment is submitted to amend the following	ng:		
. If amending name, enter the new name of the	· limited liab	ility company here:	
inish Line Towing & Auto Repair LLC			
ne new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		743 N Marion Ave	
Principal office address MUST BE A STREET ADDRESS)		Lake City, FL. 32055	
			:
nter new mailing address, if applicable:		PO Box 6041	,S*
Mailing address MAY BE A POST OFFICE BOX)		Live Oak, FL, 32064	
. If amending the registered agent and/or regis gent and/or the new registered office address he		iddress on our records, <u>er</u>	iter the name of the new regist
Name of New Registered Agent:			
New Registered Office Address: 9	411-197th Roa		
		Enter Florida street aa	
<u>.</u>	ive Oak		, Florida ³²⁰⁶⁰
		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.

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>	Name	Address	Type of Action
AMBR	Robert Weigel		□Add
			□Remove
		PO Box 6041, Live Oak, FL. 32064	■ Change
PRES	Misty Weigel	***************************************	□Add
			□Remove
		PO Box 6041, Live Oak, FL. 32064	
			2.0
		:	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

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e: If the date inserted in this	ne date of filing: ust be specific and cannot be prior to date block does not meet the applicable s Department of State's records.	of tiling or more than 90 days aft	
ament s effective date of the	Separation of Marc 9 records.		
ord specifies a delayed effect filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
April 21	2023		
ed April 21			
Mistey U	Signature of a member or authorized	representative of a member	