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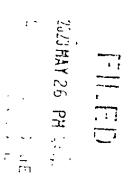
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COVER LETTER

TO: Registration S Division of Co				
Splash To SUBJECT:	wing and Recovery, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Christopher Clark			
		Name of Person		
	Splash Towing and Recov	ery, LLC		
		Firm/Company		
	618 Gap Creek Drive Unit	1 35		
		Address		
	Fort Walton Beach, FI 325	548		
		City/State and Zip Code		
	splashtowingfl@gmail.com			
	E-mail address: (to be used for future annual report noti	lication)	
For further information	concerning this matter, please c	all:		
Christopher Clark		850 826-1163		
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	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 Addre		Street Address: Registration Sec	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 633	27	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Splash Towing and Recovery, 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 $\frac{08/03/2021}{1}$ and assigned Florida document number $\frac{1.21000349858}{1.000349858}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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>	<u>Name</u>	Address	Type of Action
MGR	Jared E Joley	618 Gap Creek Drive Unit 25	□ Add
		Fort Walton Beach, Ft. 32548	
			□ Change
			□ Add
			□Remove
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an effective date is listed, the date must	be specific and cannot be sek does not meet the a	prior to date of filing o policable statutory fi	r more than 90 days after fi ling requirements, this c	ling.) Pursuant to 605,0207 (late will not be listed as t
<u>vote.</u> Ti me date inserted in this 510	partment of State's rec	ords.		
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record specifies a delayed effective d is filed. May 23				The 90th day after the