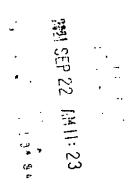


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COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		
	ESTRELLA	'S TOWING & TRANSPORT	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MICHAEL DAVIS JR.		
			Name of Person	
		ESTRELLA'S TOWING &	transport LLC	
			Firm/Company	
		P.O BOX 477		
			Address	
		FORT MYERS, FL 33902	_	
		JESTTRELLA@GMAIL.C	City/State and Zip Code	
			to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please c	all:	
ZOILA DA	VIS		239 9100291 at ()	
-	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	<u>iling Addres</u> gistration S		Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	orporations
	D. Box 632		The Centre of	Tallahassee oe Street, Suite 810
1 a	llahassee, l	CL 34314	2413 N. WOIII	or once, ouncers

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTRELLA'S TOWING & TRANSPORT LL		
(<u>Name of the Limited Liability</u> (A Florida l	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000394889</u>	ompany were filed on SEPTEMBER 3, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 🕜
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	P 22
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new register
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.

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	MARIO AQUINO MESA	2316 DAVID ST APT A	
		FORT MYERS, FL 33916	Remove
			□ Change
			□ Add
			Remove
		<u></u>	Change
			Add co
			CO CO CO Remove
			Change
			□Add
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fective date, if other than the date in effective date is listed, the date must be some if the date inserted in this block of cument's effective date on the Depart	specific and cannot be prior to does not meet the applicable	date of filing or more than 9	(optional) 0 days after filing. ements, this date) Pursuant to 605.020 will not be listed a
ecord specifies a delayed effective dat is filed.	e, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) Th	e 90th day after th
ted SEPTEMBER 20	2021	.•		
<i>1111111</i>	nature of a member or authoriz			