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S. PRATHER

COVER LETTER

TO:

TO: Registration Se Division of Cor			
Broway To	wing LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juan C Jaramillo		
		Name of Person	
	Broway Towing LLC		
		Firm/Company	
	10950 NW 82nd ST, APT	402	
		Address	
	Doral, FL 33178		
		City/State and Zip Code	
	browaytowing@gmail.com E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca	all:	
Juan C Jaramillo		786 419-2052	
Name o	f Person		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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sect	ion
Division of C	Corporations	Division of Corpo	orations
P.O. Box 632 Tallahassee, l		The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broway Towing LLC			2022 2012
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our rece bility Company)	2022 JUL 19 gned assigned assigned FLORID.
The Articles of Organization for this Limited I	Liability Company w	ere filed on	rand assigned 1
Florida document number L22000027253	·		
This amendment is submitted to amend the fol	lowing:		7: 58 Delby
A. If amending name, enter the new name of	of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		44-7
	-		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE	(BOX)		
	-		
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	Juan C Jaramillo		
New Registered Office Address:	10950 NW 82nd S	ST, APT 402	
		Enter Florida street add	ress
	Doral		Florida 33178
		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>	<u>Name</u>	Address	Type of Action
AMBR	Juan C Jaramillo	10950 NW 82nd ST, APT 402	<u> </u>
		Doral, FL 33178	Remove
			Change
AMBR	Juan C Jaramillo	4640 NW 114TH AVE APT 705	□Add
		Dorał, FL 33178	Remove
			
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□ Remove
			Change

	he Registered Agent and the address for the Authorized	
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