L22000050025

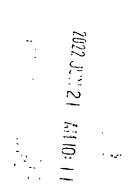
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c/ 9/10/2022

COVER LETTER

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TO: Registration S Division of Co			·	
	TY TOWING LLC		•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARY S MACK			
		Name of Person	*	
	INNER CITY TOWING I	LLC		
	16	Firm/Company		
	1830 DECOTTES STREE	T		
		Address		
	JACKSONVILLE, FL 32	209		
		City/State and Zip Code		
	mackmary750@yahoo.com			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)	
Mary S Mack		904 655-0497		
Name (of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addres Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JULI 21 AH 10: 11 INNER CITY TOWING 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 January 28, 2022 and assigned Florida document number L22000050025 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	MARY S. MACK	1830 DECOTTES STREET	= Add
		JACKSONVILLE, FL 32209	□Remove
		(904) 655-0497	□Change
MGR JARVIS K. SMITH	JARVIS K. SMITH	1842 DECOTTES STREET	□∧dd
	JACKSONVILLE, FL 32209		
		(904) 660-1761	
AR MARY S MACK	1830 DECOTTES STREET		
		JACKSONVILLE, FL 32209	
		(904) 655-0497	·· ·
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	ive date if other than the date of filing:
Note:	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Mary J. Mack Signature of a member or authorized representative of a member
	MARY'S MACK, MANAGER
	Typed or printed name of signee

Filing Fee: \$25.00