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SECRETARY OF STATE LLAHASSEE. FLO

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations			
SUBJECT: Sei	ael Towing	& Revovery LL	. <u>C</u>	
,	Name of Unit	ted Liability Company /		
			~.	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	Eric	Pevez		
		Name of Person		
	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Address: Street Address: Registration Section on of Corporations Division of Corporations			
		Firm/Company		
	112 Queens	, ct		
	Sanford	Address		
	Sandar	fl 32771		
		City/State and Zip Code		
	Seigeltowingy	ecovery@ 5 mail. C	0 Mn	
Day Sand and Assessed and			neunon)	
For further information c	•			
Eric Pe	Y & 2	at (407) 970-	0169	
Name o	f Person	Area Code Daytim	ie Telephone Number	
		F 255 (2) EVE D 0	(7) 640 00 P.U P	
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre				
Division of Corporations P.O. Box 6327				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(· 1 - :	, 0	,	1/ JUN 16	AM 10: HG
Seigel Towin	Liability Company	as it now appears on ou	CSECRETARY	OF STATE
(4	i Florida Limited Liao	mity Company)	IALLANAS	SEE, FL
The Articles of Organization for this Limited Liab	oility Company we	ere filed on <u>H</u>	1/22	and assigned
Florida document number <u>L22000 1864</u>		·		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabilit</u>	y company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designat	ion "LLC" or the abb	reviation "L.L.C."
•				
Enter new principal offices address, if applical		 		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			
	-			
Enter new mailing address, if applicable:				,
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or registered office address		dress on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida str	eet 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 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	Yuleiska Pinero	104 Mayfield Dr	□Add
		104 Mayfield Dr Sonford of 32771	
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove

Iffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. record 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 dis filed. Dated Juny // 2022 Sugnature of a member or Thorized representative of a member		
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Dated June // 2022 Signature of a member or withorized representative of a member	<u> lote:</u> li	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member of wathorized representative of a member		
Signature of a member of wathorized representative of a member	ated _	June, 16 2022
·		Signature of a member or withorized representative of a member
		Enic Perez Typed or printed name of signee

Filing Fee: \$25.00