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| (| (Requestor's Name) |
|----------------------|---------------------------------------|
| (| (Address) |
| | (Address) |
| (| (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Constant Number) |
| (| (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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| | Q. SILAS |
| | JUL 21 2022 |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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| TO: Registration Se Division of Cor | | | 16 |
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| subject: <u>Bisk</u> | 10) Towing Name of Lim | & Roadside J Jied Liability Company | ilc |
| | Amendment and fee(s) are sub | | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Jessica Ela | Name of Person | |
| | Bishup Tow | sing & Roadside | uc |
| | 508 Mag | 3 nolia Ridge | |
| | | City/State and Zip Code | |
| | <u>Jrss bishoo</u> E-mail address: (| 850 e amail. c | ification) |
| For further information co | oncerning this matter, please co | all: | |
| Jessica B Name o | Person P | at (85 8) 933-6 Area Code Daytin | 9164 ne Telephone Number |
| Enclosed is a check for th | e 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

SECRETARY OF STATE

ame 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 Florida document number L22000213110 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 "L.L.C." 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:

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.

Changing Registered Agent, Signature of New Registered Agent

Monticello, EL 32314. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-----------------------|----------------|-------------------------------------------|----------------|
| MGR | Jessica Bishop | 508 magnolia Riège | X Add |
| | | Monticullo, Fi 32344 | □Remove |
| | | | □Change |
| AMBR <u>Jassica</u> 1 | Jossica Bishap | 508 magnolia Ridge Monticula, Fr 32364 | Add |
| | | Monticulo, PL 32344 | □Remove |
| | | , , , , , , , , , , , , , , , , , , , | □Change |
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| an effec <u>ote:</u> 1 | e date, if other than the date of filing: |
| record is file | 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 d. |
| ated _ | 7/20/2022 |
| | X - 1/2 |
| | Signature of a member or sothorized representative of a member |
| | |

Filing Fee: \$25.00