L22000328748

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EM Towing and Mechanic Shop LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Exifanio Maldonado Name of Person
Name of Person
EM Towning and Mechanic Shop LLC.
507 Pine ST.
Address
Orlando, Fl 32824 City/State and Zip Code
City/State and Zip Code fano maldo 47 (al gmail: Com E-mail address: (to be used for uture annual report notification)
For further information concerning this matter, please call:
Torge Muldonaclo Name of Person at (407) 283-3060 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 OF

EM Towing and MI	echanic Shop LLC	
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Compan Florida document number <u>22200328748</u>	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Em Towing & Transagorf The new name must be distinguishable and contain the words "Limited Liab	UC	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		- 유 - 볼 -
		<u> </u>
Enter new mailing address, if applicable:		ا _ ف
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of t	
general and the new registered writer address here.		וייו
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi _t	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 Title Name <u>Address</u> Type of Action MGR Sorge Maldonado 100 Marvin Garoens Add

Kissimmee, F1 34743

Remove Li Change _____ □Remove _____ElChange _____ □Remove _____ □ Remove

		
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ffective date	e if other than the date of filing:	
<u>iote:</u> If the d	te, if other than the date of filing:	207 i as i
record specif I is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
ated	la la de Maldonco	
	Signature of a member or authorized representative of a member	
	Epifanio Maldonado Typed or printed name of signee	