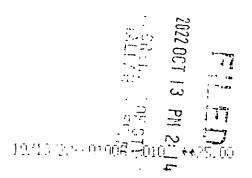
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Office Use Only



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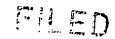
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COVER LETTER

| | istration Sectorial Sectorial Sectorial Section of Corp | | | |
|----------------|---|---|---|------------------|
| SUBJECT: | NJN | Towning & R | ECOVERY NAXALIAN Ca | sillas hhc |
| The enclosed | Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspon | dence concerning this matter t | to the following: | |
| | | | Mantes DE OCA Name of Person | |
| | | US ANDO | Accounting Atax Severes | Jnc. |
| | | 440 E. H | Address | |
| | | ACTALIONT | City/State and Zip Code | |
| | | Chain Mates (1) E-mail address: (1) | Damail COM to be used for future annual report notification) | |
| For further in | formation co | ncerning this matter, please ca | ali: | |
| DAR | Name of | Moon Fos F | CCA at (407) C68-3080 Area Code Daytime Telephone Number | |
| Enclosed is a | check for the | tollowing amount: | | |
| □ \$25.00 Fi | iling Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional copy | f Status & py |
| - | | | | |
| | <u>ling Address</u> distration S | ='` | Street Address: Registration Section | |
| _ | ision of Co | | Division of Corporations | |
| P.O | . Box 6327 | , - | The Centre of Tallahassee | |
| Tall | lahassee, F | L 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| NJN Towing + RECOVE | FRY NI | IXAC POR WID | BASH/RilBLLC |
|---|---------------------------------------|-------------------------------|-------------------------|
| (Name of the Einstited Liability Compan (A Florida Limited Li | y as it now appea ability Company) | ars on our records.) | |
| The Articles of Organization for this Limited Liability Company v | were filed on _ | | and assigned |
| Florida document number <u>L22000 3 506 58</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil NIN TOW; NOW RECOVERY L The new name must be distinguishable and contain the words "Limited Liability". | | | oreviation "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 a agent and/or the new registered office address here: | ddress on our | records, <u>enter the nam</u> | e of the new registered |
| Name of New Registered Agent: | <u> </u> | | |
| New Registered Office Address: | Enter Fl | orida street address | |
| | | Florida | |
| | City | L IVI IUA | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| | | | the state of |

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 Changing Registered Agent, Signature of New Registered Agent

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 | Membe |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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| Note: I | we date, if other than the date of filing: $8/9/2022$ (optional) retive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. |)207 d as |
| rd is file | | the |
| Dated _ | October 13 . 2022. Marcis R. Muntes de Ocar Signature of a member or authorized representative of a member | |
| | Daris Re Mentes de Ocal | |
| | Signature of a member or authorized representative of a member | |

 $\boldsymbol{t} = (t_1, \ldots, t_k) \cdot \boldsymbol{t}$

Filing Fee: \$25.00