## 22000385419

	ID	
(	(Requestor's Name)	
<del></del>	(Address)	
,	(Madic 33)	
	(Address)	
	,	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
☐ FICK-OF	LJ **^''	I WIFTE
(	(Business Entity Name)	
	(Decree est Mireshee)	
•	(Document Number)	
Certified Copies	_ Certificates of	l Status
6 (0)	5::: Off	
Special Instructions to	Hiting Officer:	
<b>,</b>		
		]





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10/25/22--01003--001 \*\*25.00

## COVER LETTER

Division of C	The state of the s		
SUBJECT: P	J Towing Sen	nces LLC	
30B3BC1:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
	spondence concerning this matter		
riease return an corre	spondence concerning this matter	to the following.	
	Edwin pes	+ Posario Alva	vez
		Name of Person	
		Firm/Company	
	1527 Crick	et Club cir Apt	101
		Audiess	
	Orland	City/State and Zip Code	
		_	
	Aj-towing	3. Services 110 Pama to be used for future annual report not	ilicom
For further information	on concerning this matter, please c	•	incanon,
Edwin Nest	Russino Alvarez	at ( <u>305)</u> <u>989</u> Area Code Daysin	. 4538
Nan	ne of Person	Area Code Daysin	ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado		Street Address:	
Registratio		Registration Se Division of Co	
P.O. Box (	f Corporations 6327	The Centre of	
	e. FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	Services L	v as it now appears	s on our records.)	<del></del>	
( value of the Laure)	ed Liability Compan (A Florida Limited Lia	ability Company)	<u> </u>		
The Articles of Organization for this Limited Li Florida document number	ability Company v	vere filed on	08/31/202 54/9	and assig	ned
This amendment is submitted to amend the follo					
A. If amending name, enter the new name of	the limited liabil	ity company he	re:		
				₹.	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the de	esignation "LLC" or the		<b>3</b>
Enter new principal offices address, if applic	able:				<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)				<u>;</u> – <u>F</u>
			<u> </u>	<u> </u>	— <u>—</u>
				୍ଲି କ୍ଲ	D
Enter new mailing address, if applicable:				ري ا <u>د</u>	
(Mailing address MAY BE A POST OFFICE	BOX)			<del>-</del>	
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office ac ss here:	ddress on our r	ecords, <u>enter the na</u>	me of the new	registered
Name of New Registered Agent:	Edwin	Nest T	Posario-Alv	avez	
New Registered Office Address:	****	Entar Flor	rida street address	·	
		15/11/27 1 10/			
	·	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing 1	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete positive and complete positions of the complete and complete and complete positions. The complete positions are complete positions and complete positions are complete positions. The complete positions are complete positions are complete positions and complete positions are complete positions. The complete positions are complete positions. The complete positions are complete positions are complete positions are complete positions are complete positions. The complete positions are complete positions. The complete positions are complete positions are complete positions are complete positions are complete positions. The complete positions are complete positions. The complete positions are co	performance of rovided for in (	"my duties, and I an Chapter 605, F.S. O	n familiar with Ir, if this docur	and nent is

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 Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Edwin West Rosario Alkarez		□Add
			□Remove
			ZChange
			□Add
	•		□Remove
			□Change
			🗆 Add
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		<del></del>	□Add
			□Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	<del></del>
Note	tive date, if other than the date of filing:
he rece ord is (	ord 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 filed.
Dated	110-24-22 EAT
	Signature of a member or authorized representative of a member
	Edwin Nest Rosano Alvarez Typed or printed name of signee

Filing Fee: \$25.00