# 23000009881

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## CAPITAL CONNECTION, INC.

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A BEELINE TO	WING SVC LLC	
Please Debit FCA	.000000003 For: <sup>25</sup>	
Thank you Seth N	leelev	
14	/	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
16		Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
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		UCC H Search
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### **COVER LETTER**

	ΓΟ: Registration Section Division of Corporations						
		TOWING SVC, LLC					
SUBJECT:	SUBJECT:Name of Limited Liability Company						
The enclosed A	Articles of 7	Amendment and fee(s) are sub	mitted for filing.				
Please return a	ll correspoi	ndence concerning this matter	to the following:				
		SUMMER WALTERS					
			Name of Person				
		GOLDMAN, MONAGHA	N, THAKAR & BETTIN, PA				
			Firm/Company				
		96 WILLARD STREET, S	SUITE 302				
			Address				
		COCOA, FI. 32922					
			City/State and Zip Code				
		KIEVIN@GMTBLAW.COM					
Vice Combania C			to be used for future annual report notification)				
For further thic	ormation co	oncerning this matter, please ca					
SUMMER WALTERS			321 639-1320 at ( )				
	Name of	Person	at ()				
Enclosed is a c	heck for the	e following amount:					
₩ \$25.00 Fili	ing Fee	LJ \$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee & U \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
	ng Address		Street Address: Registration Section				
Registration Section Division of Corporations			Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 MAY -3 AM II: 29

A BEELINE TOWING SVC. LLC		·· (	
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our records. bility Company)	MASSEE, PECHIDA
The Articles of Organization for this Limited Li Florida document number 1.23000009881			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited ljabilit	ty company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the designation "LLC"	or the abbreviation "1L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	**	Enter Florida street address	ida
		Cin	nda

### New Registered Agent's Signature, if changing Registered Agent:

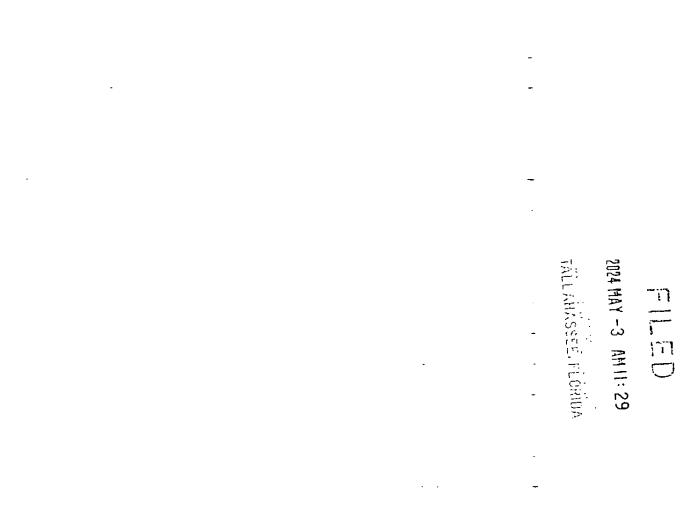
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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	Address	Type of Action
MGR	MARK FITZPATRICK	980 CHURCH STREET	[_]\dd
		ROCKLEDGE, FL 32955	
			Change
			L]Add
			☐ Remove
			i iChange
			i "IAdd
			□Remove
			i 1Change
			i JAdd
			□Remove
			HChange
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ľ1∧d <del>d</del>
			ClRemove
		<u></u>	! !Change
			UAdd
			□Remove
			. l lChange

D. If amending any other information, enter change(s) here: tAttach additional sheets, if necessary, i



Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the 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 record is filed,

May 2 Dated Michael T mattine

Signature of a member or authorized representative

Michael T mattine

Typed or printed name of signee Signature of a member or authorized representative of a member

Filing Fee: \$25.00