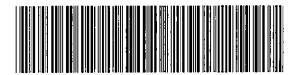
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(F	Requestor's Name)	
(A	Address)	
(A	Address)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(0	Document Number)	<u></u>
Certified Copies	Certificates	of Status
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COVER LETTER

	g Company of Florida LLC Name of Lirr	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laura R Perez		
		Name of Person	
	Paz Accounting Company		
		Firm/Company	
	6401 SW 87 Avenue Suite	114	
		Address	_
	Miami FL 33173		
		City/State and Zip Code	_
	laura@pazaccounting.com	to be used for future annual report notification)	_
For further information c	concerning this matter, please o	all:	20
Laura R Perez		305 903-3589 at ()	
Name o	of Person	Area Code Daytime Telephone Nur	2023 HOV 21 AH
Enclosed is a check for the	he following amount:		AH I
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee ficate of Status & fied Copy is enclosed)
Mailing Addres	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

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

The Towing Company of Florida LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on January 23, 2023.	and assigned
Florida document number L23000042990		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e 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)		
		202В
		- 5 T
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 n	ame of the new registered
agent and/or the new registered ornice address here.		770 4 D
Name of New Registered Agent:		EMIO: 47
New Registered Office Address:		T + 1
New Registered Office Address.	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
	City	Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	Carlos A Perez Jr	6401 SW 87 Avenue Suite 114	
		Miami FL 33173	■Remove
			□Change
MGR	Cliff Prieto	6401 SW 87 Avenue Suite 114	□Add
		Miami FL 33173	■Remove
			□Change
			Remove
		.	□Remove □Remove □Remove □Remove □Remove
			□ ☐ ☐ Change
			□Add
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			□Change
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			□ Remove
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