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Division of Corporations



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COVER LETTER

то:	Registration Division of C			g i g an e	s e k
SUBJE	NELPE	TOWING LLC	•	•	
SUBJE	CI:	Name of Lir	nited Liability Company		
The enc	loaed Articles (of Amendment and fee(s) are sul	pmitted for filing.		
		pondence concerning this matter			
		JOSE LUIS GARCIA MU	JNIZ		
		· · ·	Name of Person		
		NELPE TOWING LLC			
			Firm/Company		
		15050 SW 192ND AVE			
			Address		
		MIAMI FL 33196			
			City/State and Zip Code	<u>,</u>	
		ABI100@YAHOO.COM	to be used for future annual report not	ification	
For furth	ner information	concerning this matter, please of	-		
	UIS GARCIA		305 343-2370		
		of Person	at ()	ne Telephone Number	
				ne relepitone syumber	
Enclose	d is a check for	the following amount:			
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	\$60.00 Filing Certificate o Certified Co (additional cop	of Stanis & py
	<u>Mailing Addr</u> Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	<u>Street Address:</u> Registration Se Division of Co The Centre of 1 2415 N. Monro Taliahassee, FI	rporations Fallahassee be Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELPE TOWING LLC

(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/25/2023	and assigned
Florida document number L23000047204	· •

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)

B. If amonding the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

JOSE LUIS GARCIA MUNIZ		2023 FE	<u>;</u> .
	. • .		
•		PH	
City	oria#	Žip Coa	te
	Enter Florida street addres	Enter Flotida street address, Florid#	IOSE LUIS GARCIA MUNIZ.

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 fumiliar 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

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AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	de Oca Calderin	MIAMI FL 33196	П.Кетюче
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in effective da <u>ote:</u> If the d	e, if other than ite is listed, the dat ate inserted in th fective date on t	e must be specif Es block does	ic and cannot be not meet the a	prior to date of fil pplicable statutu	ing or more than 90 ry filing requirer	(optional) I days after filing.) nents, this date v	Pursuant to 605.020 vill not be listed as

2/1 :d	2023
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	Signature of a member or authorized representative of a member
JOSE LUIS GARCI	a Muniz
	Typed or printed name of signee