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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

TO:

Registration Section Division of Corporations

| suвјест: <u>AM aM</u> | Pm Towns.hauli Name of Limi | irg and recovery Solited Elability Company | ervices LLC |
|---|--|--|--|
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | <u>Charle</u> | S Jenhins Name of Person | |
| | | Firm/Company | |
| | 3804 N. Ora | ange Blossom T | rail unit FO9 |
| | Orlando | FL 32804 City/State and Zip Code | |
| | Am Proto W | inghaulingha | amall.com |
| For further information cor | ncerning this matter, please ca | | 9 |
| Charles Name of B | Jenhins | at (386) 222 – Area Code Daytin | 5216 ne Telephone Number |
| Enclosed is a check for the | following amount: | | |
| ⊠ \$25.00 Filing Fee | ☐ \$30.00 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 Address: Registration So Division of Co P.O. Box 6327 Tallahassee, FI | ection rporations | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI | rporations Fallahassee be Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amand PM Towing having and recovery Services 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 March 02, 2023 and assigned | |
|--|--|-----------|
| Florida document number <u>L_23000111099</u> | ' | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| AM PM towing hauling recover The new name must be distinguishable and contain the words "Limited Liabile and Contain the words". | | |
| Enter new principal offices address, if applicable: | 3804 N. Orange Blossom trail | |
| (Principal office address MUST BE A STREET ADDRESS) | Unit FO9 Orland, FL 32804 | |
| Enter new mailing address, if applicable: | 3804 N. Orange Blossom T | Ţ, |
| (Mailing address MAY BE A POST OFFICE BOX) | Unit FO9 32804= | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ASSE ASSE | <u>ed</u> |
| Name of New Registered Agent: | AH COLOR | |
| 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | ıe |
| If Chan | nging 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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| If an effecti Note: If | edate, if other than the date of filing: |
| e record s rd is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | July 11, 2023 Signature of a member or authorized representative of a member |
| | Alexandra Alexi, MGR Typed or printed name of signee |

Filing Fee: \$25.00