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SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		ORLANDO PEREZ GON	ZALFZ	
			Name of Person	
		PEREZ 95 TOWING LLC	•	
		Name of Limited Liability Company sticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: ORLANDO PEREZ GONZALEZ Name of Person PEREZ 95 TOWING LLC Firm/Company 2925 W JEAN ST Address TAMPA. FL 33614 City/State and Zip Code orliperezg 1795@icloud.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: REZ GONZALEZ Name of Person Area Code Daytime Telephone Number \$50.00 Filing Fee & Certificate of Status & Certificat Copy (additional copy is enclosed) 2 Address: Street Address:		
			Address	
		TAMPA, FL 33614		
			City/State and Zip Code	
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For firehan	· in formation o			otification)
ORLAND			at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	lailing Addres legistration S		Street Address: Registration S	Section
D	oivision of C	orporations	Division of C	orporations
	.O. Box 632 allahassee, I		The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our reco ted Liability Company)	rds.)
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iability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
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Enter Florida street addi	ress
I	Florida Zip Code
<u>i</u>	iability company here: iability Company." the designation "LI

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Membe:

<u>Title</u>	<u>Name</u>	Address	Type of Action
- 			□ Add
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Note: If the date inserted in this	block does not meet the a	ipplicable statutory f	iling requirements, this c	late will not be listed as t
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record specifies a delayed effect dis filed.	tive date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
April 2	2025			
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Pated				
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Dated April 2	Signature of a member of	r authorized representa	tive of a member	