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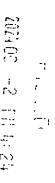
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## **COVER LETTER**

		istration Sec sion of Corp					
eun iez		SHALOM T	TOWING LLC				
SUBJEC	∪li,		Name of Lim	ited Liability Company			
The encl	losed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please re	aturn	all correspon	ndence concerning this matter	to the following:			
			KEVIN JAVIER TORRES				
				Name of Person			
			SHALOM TOWING LLC				
				Firm/Company	<del></del>		
			5909 LEE VISTA BLVD A	NPT 104			
				Address			
			ORLANDO.FL 32822				
				City/State and Zip Code			
			GEMELO12000@GMAIL.		<u>.                                    </u>		
For furth	ner in	formation co	E-mail address; ( oncerning this matter, please ca	to be used for future annual report notification)			
				32822 3219452218			
- KEVIN	at (		at ()				
		Name of	f Person	Area Code Daytime Teleph	ione Number		
Enclosed	d is a	check for th	ne following amount:				
<b>■</b> \$25.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		ling Addres		Street Address: Registration Section			
Division of Corporations			orporations	Division of Corporations			
		). Box 632 lahassee, I		The Centre of Tallaha 2415 N. Monroe Stree			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OCT -2 FIL4: 23

SHALOM 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	ty Company were filed on $\frac{06/01/2023}{}$	and assigned	
Florida document number 1.23000265800	<u> </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
SHALOM TOWING & TRANSPORT LLC			
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:	<u> </u>		
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		enter the name of the new registered	
New Registered Office Address:		<del></del>	
	Enter Florida street address		
_	Enter Florida street address , Florida City Zip Code		
N Di d d	•	Zip Code	
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of my duti ed agent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	

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 AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			☐ Change
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on t	iis block does no	ot meet the appli	or to date of filing co	(or more than 90 days lling requirements	optional) after filing.) Pursuant , this date will not b	to 605.0207 ( ne listed as t
record specifies a delayed eff I is filed.	ective date, but	not an effective	time, at 12:01 a.	m. on the earlier o	f: (b) The 90th da	y after the
SEPTEMBER 16		2024	·			
		1				
		1/11/11	,			
	Signature o	f a nyember or aut	horized representa	tive of a member		

Filing Fee: \$25.00