L23 000 328 878

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300411808343

07/28/23--01008--004 **25.00



٠:

COVER LETTER

Registration Section

TO:

Division of Corporations Salvera's Towing, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Arlin Alvarado Name of Person Salvera's Towing, LLC Firm/Company 11499 Coronado Way Address Naples, FL 34120 City/State and Zip Code salverastowing@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 951-0832 Arlin Alvarado Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salveras To			
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears ility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on	July 13, 2023	and assigned
Torida document number <u>1 23000 328 378</u>			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company hei	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability (signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			ر <u>.</u>
Principal office address MUST BE A STREET ADDRESS)			- 3
			'
			~
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			•
-	<u></u> -		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our re	cords, enter the na	ame of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Arlin Alvarado	11499 Coronado Way Naples, FL 34120	= Add
			□Remove
			□Change
			□Add
			Remove
		.:	
			□ Add
			□Remove
			□Change
			□Add
			Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change

				J				
	,,-							
				,				
					 .			
-		_,						
				 · · · · · · · · · · · · · · · · · ·				
							·	
								2672
						-1:	- 2	
			:					
								
			-		-			
	<u> </u>							
	:F _4b 4b	the data of t	Elisa.			(0*	ational)	
e: If the dat	if other than is listed, the date e inserted in thi ctive date on th	is block does i	not meet the	applicable sta	of filing or more tutory filing i	than 90 days a requirements,	fter filing.) Puthis date wil	rsuant to 605.02 I not be listed a
cord specific stiled.	s a delayed effe	ective date, bu	t not an effec	etive time, at	12:01 a.m. on	the earlier of	(b) The 90	Ith day after th
ed	7.6	′∂·⊰ ————			7		7	
		Signatüre	of a member of	or authorized re	presentative of	a member	`	

Filing Fee: \$25.00