L24000088808

(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Smart Towing & F	Padside LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Sabah_1	Karmmaum Name of Person
	Ding 3 Roadside LLC
2520 su/	13th St miami FL 33145.
miami_ Sabah Kan E-mai addiess: (1	City State and Zip Code City State and Zip Code Noun a Refination To be used for future annual report notification
For further information concerning this matter, please co	nH:
Sabah Kanmmoum Name of Person	at (305 640 266 8 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$ \$25.00 Filing Fee \(\sum \) S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations — — — — — — — — — — — — — — — — — — —
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on £ Florida document number <u>L 24000 88808</u> 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 amending 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 whitele provisions of all statutes relative to the proper and complete performance of my dutics, and I am familian 🕮 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 limid company has been notified in writing of this change.

If aurending 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>	<u>Address</u>	Type of Action
MGR	Sabah Kanmmour	n <u>2520 SW 13th st</u> miamic F 33145	L XAdd
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	ner than the date of the date of the date must be specificated in this block does that on the Department	not meet the appl	icable statutory filin	(option note than 90 days after fi ng requirements, this c	late will not be	e listed as th
the record specifies a de cord is filed.	ayed effective date, bu	t not an effective	time, at 12:01 a.m.	on the earlier of: (b)	SOOR IN	after the
Dated__\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12024 5060	to the	en on	W/	Sen LARY OF STATE MLLAHASSEE, FL	
	Signature	of a member or au	thorized representative	e di dimember		<u>⊃</u>

Filing Fee: \$25.00