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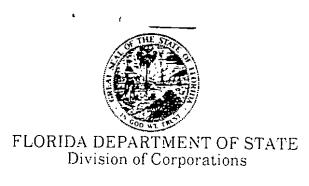


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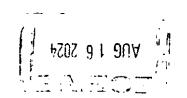
AUG 2.7 -= S. PRATHER



July 29, 2024

LA INDIA TOWIN LLC ERICKA JURADO 5835 MEMORAL HWY STE 19 TAMPA, FL 33615

SUBJECT: LA INDIA TOWING LLC Ref. Number: W24000107671



We have received your document for LA INDIA TOWING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This Amendment filing is missing the signature page,

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 024A00016655

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
OLD TEXE	LA INDIA	TOWIN LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
•		ERIKA JURADO			
			Name of Person		
		LA INDIA TOWIN LLC			
			Firm/Company	sytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Section Corporations of Tallahassee	
		5835 MEMORIAL HWY STE 19			
	Address				
		TAMPA FL.33615			
			City/State and Zip Code		
		ERIKAJURADOB@GMAI	L.COM to be used for future annual report n		
For further it	iformation c	oncerning this matter, please ca		ouncation)	
ERIKA JUR		,	727 424-8161		
Name of Person		at ()	timo Talanhana Numbar		
	Name o	rerson	Area Code Dayı	time Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F		■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Mailing Address: Registration Section		Street Address: Registration S	Section		
		orporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA INDIA TOWIN LLC	•	
(<u>Name of the Limited L</u> (A l	jability Company as it now appears on our records.) Florida Limited Liability Company)	5
e Articles of Organization for this Limited Liabi	lity Company were filed on JULY/ 24/20247	and assigned
orida document number 1.2400284573	·	7 6
is amendment is submitted to amend the following	ng:	
If amending name, enter the new name of the	e limited liability company here:	
AINDIA TOWING LLC.		
new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
eter new principal offices address, if applicable	p•	
incipal office address MUST BE A STREET A	(DDRESS)	
	<u> </u>	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BO.	<u></u>	
If amending the registered agent and/or regis	stered office address on our records, enter the r	name of the new registe
ent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
-	City	Zin 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	ERIKA JURADO	5835 MEMORIAL HWY STE 19 TAMPA FL 3361:	5 ⊞ Add
		- 	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessa	ury.)
	
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<u> </u>	
Effective date, if other than the date of filing:	l) g.) Pursuant to 605.0207 te will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) 7 rd is filed.	The 90th day after the
Dated 08 06 2024.	2024 id
Coiko Qualo	15 55
Signature of a member or authorized representative of a member	2024 AUS 16 AUS A