## L24000322153

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## **COVER LETTER**

TO:

Registration Section

Division of Corp	orations			
SUBJECT: UNITED TA	NSPORT & TOWING LLC			
SUBJECT.	Name of Lin	nited Liability Company		
	mendment and fee(s) are subdence concerning this matter	-		
	LEANDRO BERETTA			
		Name of Person		
	SBGE REGISTERED	AGENT OF FLORIDA		
		Firm/Company		
	1761 W. HILLSBORC	) BLVD SUITE 102 Address		3
	DEERFIELD 8EACH	EL 22442	:	
	DEERFIELD BEACH	City/State and Zip Code		ر.
	INFO@SBGEUSA.C E-mail address: (	COM to be used for future annual report noti	fication)	FH 12: 1,2
For further information cor	ncerning this matter, please c	all:	(F)	: 1,2
LEANDRO BERI	ETTA	at ( 561 ) 344-3553		
Name of I	Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	following amount:			
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy tadditional copy is c	atus &
Mailing Address:		Street Address:		
Registration Se		Registration Sec		
Division of Cor P.O. Box 6327	rporations	Division of Cor	-	
Tallahassee, FL	. 32314	The Centre of T	allanassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED TANSPORT & TOWING		
( <u>Name of the Limited</u> (7	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia	ability Company were filed on07/19/2024	and assigned
Florida document number L24000322153	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
UNITED TRANSPORT & TOWING LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	"ADDRESS)	
		) }
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
fortuning duaress in the first the first of the first		, •
		Colon III
B. If amending the registered agent and/or re	vistered office address on our records, c	nter the name of the new registere
agent and/or the new registered office address		n N
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florada street a	ddress
		, Florida
	Circ	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 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
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			□Change
			🗆 Add
			□Remove
			□Change
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Typed or printed name of signee

Lucas Silva