

L24000368297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

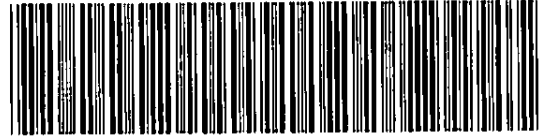
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SEP 12 2024

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FILED
2024 SEP 11 AM 9:52
FBI - MEMPHIS

RECEIVED
2024 SEP 11 AM 10:53
AL ABASSIDE, LLC

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00 _____

AUTHORIZATION SIGNATURE: _____ *James Telle*

All county towing & transportation LLC. L24000368297

BUSINESS (Name)

Document #.

___ Walk in

___ Pick up time _____

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___ Will wait

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___ Certified Copy

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NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ CORP

___ LLLP

AMMENDMENTS

___X___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissociation or Resignation

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

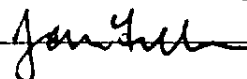
___ Trademark

___ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All County Towing & Transport LLC

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:

Noelvis Ramirez

Name of Person

Noelvis Ramirez Accounting Services LLC

Firm/Company

10 Edmund Road

Address

West Park FL 33023

City/State and Zip Code

noelvisramirez@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noelvis Ramirez

786

716-2316

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

All county towing & transport LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 SEP 11 AM 9:52

The Articles of Organization for this Limited Liability Company were filed on 08/22/24 and assigned
Florida document number L24000368297.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

All county transportation 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:

2010 lee Dr valrico fl 33594

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2010 lee Dr valrico fl 33594

(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:

2010 Lee Dr

Enter Florida street address

Valrico

City

Florida 33594

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.

Juan C. Gonzalez

Juan C. Gonzalez (Sep 10, 2024 19:18 EDT)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Juan C Gonzalez
Juan C Gonzalez (Sep 10, 2024 19:18 EDT)

Juan C Gonzalez

Typed or printed name of signee