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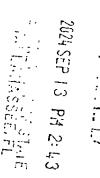
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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
	R TOWING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub-	omitted for filing.	
	respondence concerning this matter	•	
	LUIS SOLIS		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	TIGER TOWING LLC		
		Firm/Company	
	773 WEST 69 PL		
	*	Address	Code Innual report notification) 417-3393 e Daytime Telephone Number Gree & Gertificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
	HIALEAH, FL 33014		
	 	City/State and Zip Code	
	TIGERTOWING33014@0		
For further informat	E-mail address: tion concerning this matter, please o	(to be used for future annual report noti	fication)
	non concerning this matter, prease c		
LUIS SOLIS	· · · · · · · · · · · · · · · · · · ·	at ()	
N:	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Ao</u> Registrat	ddress: ion Section	Street Address: Registration Sec	ction
Division	of Corporations	Division of Cor	porations
P.O. Box Tallahass	. 6327 see, FL 32314	The Centre of T 2415 N. Monro	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIGER TOWING LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 8/26/2024	and assigned
Florida document number L24000374438		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability 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	2	26
		* S :
		Ç. 10 - 0
Coden more mailing address. If applicables		$\overline{\mathbb{S}}_{1}$ $\overline{\omega}$:
Enter new mailing address, if applicable:		- 07 - 0 FR - DE
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	P. 17. 11.	
	Enter Florida street addres	<i>x</i> .
		orida
	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 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>	<u>Address</u>	Type of Action
AMBR	LUIS SOLIS	773 WEST 69 PLACE	∃ Add
		HIALEAH, FL 33014	□ Remove
			Change
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
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ective date,	if other than th	he date of fili	ng:		(o	ptional)	
reffective date te: If the date	is listed, the date m	ust be specific a block does not	nd cannot be prio meet the appli	r to date of filing or able statutory fil	more than 90 days	ofter filing.) Pursuar this date will not	
cord specifies s filed.	a delayed effect	ive date, but no	ot an effective t	ime, at 12:01 a.n	. on the earlier of	? (b) The 90th d	ay after the
SEPTEM ed	BER 9	<u> </u>	2024				
		/-\	- :	<u> </u>			

Typed or printed name of signee