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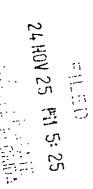
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COVER LETTER

TO:

TO: Registration Division of C			
	OTHERS TOWING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing	
	pondence concerning this matter	_	
	Rosmery Viamontes		
		Name of Person	
	Rosmery Viamontes/ THE	BROTHERS TOWING LLC	
		Firm/Company	
	9435 Maxwell Ln		
		Address	
	Port Richey/FL 34668		
		City/State and Zip Code	
	viamontesrosmery@yahoo E-mail address: (.com to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Rosmery Viamontes		813 4076551 at ()	
Name	of Person		e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BROTHERS TOWING LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan		
Florida document number L24000432676		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
R&R Express Towing LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRESS)		
		24
Enter new mailing address, if applicable:		- V
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	 	<u> </u>
3. If amending the registered agent and/or registered office	address on our record	<u>=-, -1 10</u>
gent and/or the new registered office address here:		<u>∵</u> Ω
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida stre	eet address
	Shell I for fad she	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	ř	I.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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
			□Add
			Remove
		 	□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			Remove
			□Change
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an effec	re date, if other than the date of filing: ctive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ote: 1 ocume	
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ocume record I is file	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 d. $\frac{1/\sqrt{2}}{\sqrt{2}}$
record	d. /