L24000440850

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2024 NOV 14 PM 12: 3

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Best	Bet Towing Name of Line	and Recovery lited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person Towing and Reco	overy CLC
	341 SW	Huntington Gle	<u>N</u>
	LAKE CITY	City/State and Zip Code	
	Restoct Towin	City/State and Zip Code S and Actoury of Com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Christon Name o	her Miller f Person	at (384) 300 - Area Code Daytime	7 // 1 Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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

FILED

Best bet Tou (Name of the Limited	Ulng and Liability Company as Florida Limited Liabil	Recover	/ L (2024 NOV 14 PH 12: 32
The Articles of Organization for this Limited Liab	oility Company wer	e filed on <u>/ 0</u> -	20-2LYHASSEE, FLORIDA and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability	company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability C	ompany," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS) _		
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	_		
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ress on our record	s, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		dress on our records, enter the name of the new registered Enter Florida street address Florida	
		City	Florida 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>	Name	Address	Type of Action
MGR	Christopher Miller	341 Sw Huntington 61	Car la vada
		LAKECHY, FL 3202	□Remove
			□Change
AMBR	April StanAvich	341 SW Huntingtons Gla	D Pyqq
		241 SW Huntington Gla LAKE CITY FL 32024	□Remove
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than the da	te of filing:	1-2024		onal)	_	
lote: If the date inserted in this block	does not meet the appli	cable statutory filing	re than 90 days after requirements, thi	r filing.) Pur s date will	not be li	05.0207 sted as
ocument's effective date on the Depa	rtment of State's record.	S.				
record specifies a delayed effective da	ate, but not an effective	time, at 12:01 a.m. o	the earlier of: (t) The 90	th day af	ter the
t is filed.						
Dated 11-01-24	12:01	AM				
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1' (/ N 1/2			f a member			

Typed or printed name of signee