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Amend TB 4/10/09

### . COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	WEST WAY TOWING, INC.
DOCUMENT NU	MBER:	K57932
The enclosed Artic	les of Amendment and fe	ee are submitted for filing.
Please return all co	rrespondence concerning	this matter to the following:
_		SILVIO ZUCCARELLI
		Name of Contact Person
_	LO	UIS MAMO & COMPANY
		Firm/ Company
_	351 S. C	CYPRESS ROAD, SUITE #110
		Address
	PON	MPANO BEACH, FL 33060
		City/ State and Zip Code
<del></del>	SILVIO@ E-mail address: (to be	DLOUISMAMOCO.COM  used for future annual report notification)
For further informa	ition concerning this mat	ter, please call:
SILV	IO ZUCCARELLI	at ( 954 ) 942-1120
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amoun	nt made payable to the Florida Department of State:
\$35 Filing Fee		☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

# Articles of Amendment **Articles of Incorporation**

### WEST WAY TOWING, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State)

•	Articles of Amendment	t. of State)  TAILLARIARY  AND  AND  TAILLARIARY  AND  TAILLARIARY  AND  TAILLARIARY  TAILLARIARY  AND  TAILLARIARY  TAILLARIARY  AND  TAILLARIARY  TAILLARIARY	
•	to	₹00° 11	_
•	Articles of Incorporation of	S. S. JUN C	
		ALLOPE, O	<
	WAY TOWING, INC.		
(Name of Corporation as o	currently filed with the Florida Dep	t. of State)	15
	K57932		
(Document	Number of Corporation (if known)	<i>7</i> 4	
Pursuant to the provisions of section 607 umendment(s) to its Articles of Incorporati		Profit Corporation adopts the following	
A. If amending name, enter the new name	ne of the corporation:		
		The new	
ame must contain the word "chartered,"  Enter new principal office address, if	"professional association," or the ab		
name must contain the word "chartered,"  B. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>	"professional association," or the ab  Sapplicable: REET ADDRESS   able:		
name must contain the word "chartered,"  B. Enter new principal office address, if Principal office address MUST BE A ST.  C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	"professional association," or the ab  [applicable: REET ADDRESS]  able: FFICE BOX  //or registered office address in Flor	bbreviation "P.A."	
D. If amending the registered agent and	"professional association," or the ab  [applicable: REET ADDRESS]  able: FFICE BOX  //or registered office address in Flor	bbreviation "P.A."	
ame must contain the word "chartered,"  B. Enter new principal office address, if Principal office address MUST BE A ST.  C. Enter new mailing address, if applic (Mailing address MAY BE A POST Office)  D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	"professional association," or the ab  applicable: REET ADDRESS  able: FFICE BOX  continuous address in Flor registered office address: ERNIE B. HOLCOMBE  3681 W. OAKLAND PARK	rida, enter the name of the	
The same must contain the word "chartered,"  B. Enter new principal office address, if Principal office address MUST BE A ST.  C. Enter new mailing address, if applic (Mailing address MAY BE A POST Office)  D. If amending the registered agent and new registered agent and/or the new	"professional association," or the ab  Sapplicable: REET ADDRESS  able: FFICE BOX  Wor registered office address in Flor registered office address: ERNIE B. HOLCOMBE	rida, enter the name of the	
B. Enter new principal office address, if Principal office address MUST BE A ST.  C. Enter new mailing address, if applic (Mailing address MAY BE A POST OF A ST.)  D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	"professional association," or the ab  applicable: REET ADDRESS  able: FFICE BOX  continuous address in Flor registered office address: ERNIE B. HOLCOMBE  3681 W. OAKLAND PARK	rida, enter the name of the	

Signature of New Registered Agent, if changing

removed a	ind title, name, and address o	ors, enter the title and name of each f each Officer and/or Director bein	
(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			<del></del>
			Remove
F Ifamer	nding or adding additional Ar	tiolog enter change(s) have:	
	iding or adding additional Ar additional sheets, if necessary).		
		( 1 ) /	
			<del></del>
		change, reclassification, or cancella endment if not contained in the am	
	not applicable, indicate N/A)	endment if not contained in the an	iciament itseii.

The date of each amendment	t(s) adoption: 6/4/09 · · ·
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	,,,
-7	""
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_6/4/0	09
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	CRAIG GOLDSTEIN
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(This of person signing)