

P06000149617

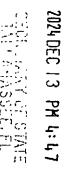
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12/13/24--01010--005 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Kling Towing & Recovery, Inc. DOCUMENT NUMBER: P06000149617 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne D. Dunn Name of Contact Person Bowen & Schroth, P.A. Firm/ Company 600 Jennings Ave. Address Eustis, FL 32726 City/ State and Zip Code cdunn@bowenschroth.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheyenne D. Dunn Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Kling Towing & Recovery, Inc.				
(Name o	of Corporation as current	ly filed with the Florida Dept	. of State)	
P06000149617				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ac	lopts the following ame	ndmei
A. If amending name, enter the new na	ame of the corporation:			
			$Th_{\ell'}$	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Courtered," "professional association,"	Corp." "Inc." or "Co"	A professional corporation n	or the abbreviation "Co	orp., "
B. Enter new principal office address, (Principal office address MUST BE A S				
				
			2021	
C. Enter new mailing address, if appli	icable:		DEC	
(Mailing address MAY BE A POST		<u> </u>	<u> </u>	
			ω [™] ·	ن <u>د</u> ا:
				· · · · ·
D. If amending the registered agent an new registered agent and/or the new			ne of the	
	Michael T. Tremel	_		
Name of New Registered Agent	600 Inmines Ave	 .		
	600 Jennings Ave.	rees address)		
	Eustis	reet auaress)	32726	
New Registered Office Address:	150505	(C:)	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	t·		
I hereby accept the appointment as regist	ered agent. I am familiar	··· with and accept the obligation	s of the position.	
			_	
	M/ }			
//		···		
	Signature of New I	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith .	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		-		
Add				
Remove			,	
5) Change		<u></u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

	<mark>ling or adding addit</mark> dditional sheets, if ne	cessary). (Be	e specific)	<u> </u>		
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lf a <u>n am</u>	endment provides f ons for implementin	or an exchange	e, reclassifications	on, or cancellation	n of issued share:	5.
(if	not applicable, indica	ate N/A)	iciii ii noc conti	ancu in the anter	toment tistin	
			_			_
				<u> </u>		

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The date of each amendment(s) adoption: 12-5-24	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action are action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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" (voting group)	
(voting group)	
Dated $17-5-34$ Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Timathi K('ing (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Uice Plasident (Title of person signing)	
(Title of person signing)	