P2000010996

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02/18/20--01006--022 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:TOWING DE OR	O CORP		
	P20000010996			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SARA DE ORO ACOSTA			
		Name of Contact Po	erson	
	TOWING DE ORO CORP			
	Firm/ Company			
	18913 NW 45TH AVENUE			
	Address			
	MIAMI GARDENS FL 3305	5		
	· · ·	City/ State and Zip	Code	
	TOWINGDEORO@HOTMA	AIL.COM		
	E-mail address: (to be us	sed for future annual re	port notification)	
For further informatio	n concerning this matter, pleas	se call:		
SARA ELENA DE O	RO ACOSTA	786	288-1156	
Name	of Contact Person		Code & Daytime Telephone Number	
Enclosed is a check fo	or 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	

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

20 FEB 18 PH 2: 04

Articles of Amendment to Articles of Incorporation of

TOWING DE ORO CORP

(Name of Corporation as currently filed with the Florida Dept. of State)	
P20000010996	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	mendment(s) to
A. If amending name, enter the new name of the corporation:	
	he new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain t "chartered," "professional association," or the abbreviation "P.A."	'Corp., "
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
 	
 	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	ું ≾ેલુ
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Florida	2 ST
(City) (Zip Cod	12 E
	హే
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
Check if annicable	

☐ 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)

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	PT	SARA ELENA DE ORO ACOSTA	18913 NW 45TH AVENUE	
Add			MIAMI GARDENS, FL 33055	
Remove				
2) X Change	<u>v</u>	RAYDEL DEVORA CASTELLANO\$	18913 NW 54TH AVENUE	
Add			MIAMI GARDENS, FL 33055	
Remove 3) Change				
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change		444		
Add		•		
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Mach additional sheets, if necessary).	(Be specific)
	
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<u> </u>	
<u> </u>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment users.
·	<u> </u>
	

•	02/12/2020	
The date of each amendment(s) adop late this document was signed.		, if other than the
02/12/26	020	
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment file date)
Note: If the date inserted in this block locument's effective date on the Depart		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board	of directors without shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice		aber of votes cast for the amendment(s)
must be separately provided for eac	h voting group entitled to vote s	
	the amendment(s) was/were suf	ficient for approval
by	(voting group)	·"
02/12/2020		
DatedSignature		-
(By a dire selected, b		if directors or officers have not been ds of a receiver, trustee, or other court
	SAPA Elena C (Typed or printed name	of person signing)
	P.T	
	(Title of person signing)