566271

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DOWNTOWN TO	WING COMPANY	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Michael D Wild		
		Name of Contact Persor	<u> </u>
	WFP Law		
		Firm/ Company	
	1250 S Pine Island Rd, Ste 20	าด	
		Address	
	Plantation FL 33324		
		City/ State and Zip Cod	2
	mwild@wfplaw.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Michael D Wild		954 at (944-2855
Name of Contact Person Area Code & Daytime Telepho		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

DOWNTOWN TOWING COMPANY

(Name of Corporation	on as currently filed with the Flo	orida Dept. of State)
566271		
(Docum	ent Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp	noration adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
		. The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	or "Co". A professional corp	orporated" or the abbreviation "Corp.," noration name must contain the word
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)	6 3
		6
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·
		ယ
		o ·
D. If amending the registered agent and/or register new registered agent and/or the new registered.		ter the name of the
new registered agent and/or the new registered	ornee address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.
Circuit	ture of New Registered Agent, if	changing
Signe	аанс ор нем кеуменей луст, у	campaig

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)

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	DEL ROSAL, TIMOTHY RYAN	1451 NW 20 ST
Add			MIAMI, FL 33142
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additi</i>	or adding additional A onal sheets, if necessary,). (Be specific)			
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<u>-</u>						- .
						
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-						
<u>If an amend:</u> provisions f	nent provides for an ev or implementing the ar	<u>rchange, reclass</u> mendment if no	<u>iffication, or ca</u> t contained in t	ncellation of issi he amendment	<u>ied shares.</u> itself:	
(if not a	pplicable_indicate N/A)					
				_		

) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholds	er action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend e sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s. for each voting group entitled to vote separately on the amendment(s)	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
·	(voting group)	
sele	a director problem or other officer.—If directors or officers have not cted, by in incorporator—if in the hands of a receiver, trustee, or othe ointed fiducially by that fiduciary) DAGMAR R DEL ROSAL	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	