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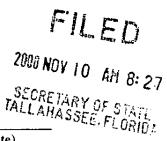
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>SAW</u>	YER'S WR	ECKER S	<u>ERVI</u>	CE, INC.	
DOCUMENT NUMBER: P0000010	0977				
The enclosed Articles of Amendment	and fee are	submitted	for fili	ng.	
Please return all correspondence conce	rning this n	natter to th	e follo	owing:	
		D STRONG			
	(Name of C	Contact Perso	on)		
	QUALITY FIN		ERVIC	ES INC	·
	(Firm/	Company)			
20	9 DUNLAW		SUITE	14	
	(Ac	ldress)			
		ANGE, FL			
For further information concerning this	•	•	uc,		
DAVID STRONG		\	386	<u> 761-785</u>	
(Name of Contact Person)		(A	Area Co	de & Daytim	e Telephone Number)
Enclosed is a check for the following a	mount mad	e payable	to the	Florida De	partment of State:
✓\$35 Filing Fee			ied Copy tional co	у	\$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		Clifton	nent S n of Co Buildi	ection orporations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SAWYER'S WRECKER	SERVICE.	INC.
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(Name of Corporation as currently filed with the Florida De	ent. of State)
	the or state)
P00000100977	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Floridal</i> ollowing amendment(s) to its Articles of Incorporation:	da Profit Corporation adopts the
. If amending name, enter the new name of the corporation:	
IYRON'S AUTO SERVICE INC	
he new name must be distinguishable and contain the word "corpincorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the design." Co". A professional corporation name must contain the word " association," or the abbreviation "P.A."	gnation "Corp," "Inc," or
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
•	
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
·	
. If amending the registered agent and/or registered office address in Flo	orida enter the name of the
new registered agent and/or the new registered office address:	Tida, enter the name of the
Name of New Registered Agent:	
	<u> </u>
New Registered Office Address: (Florida street address)	
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
	and accept the obligations of th
	ent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PVS:	MYRON HAMMOND	1980 Waterford Estate Dr. New Smyrna Beach, FL 3	
<u> </u>	Diane Hammond	1980 WATERFORD Estates DR New Smyrna Beach	Add Remove
			Add Remove
	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp.		
provisi	mendment provides for an exchange, ons for implementing the amendment and applicable, indicate N/A)		

The date of each amendment	t(s) adoption: 11-03-08
Effective date if applicable:	11-04-08
Entert duty Hallandard	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s' ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
. Dated	11/4/08
Signature	Mhlon L bounand
(By	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 cointed fiduciary by that fiduciary)
	MYRON HAMMOND
	(Typed or printed name of person signing)
	Director
	(Title of person signing)