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2005 OCT 21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PALMETTO WRECKER & TRASPORT SERVICES, INC

DOCUMENT NUMBER: P01000041439

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALINA GASCON

(Name of Contact Person)

PALMETTO WRECKER & TRASPORT SERVICES, INC

(Firm/ Company)

7536 WEST 5 LANE

(Address)

HIALEAH, FL 33014

(City/ State and Zip Code)

For further information concerning this matter, please call:

ALINA GASCON

(Name of Contact Person)

at (305) 308 - 4851

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

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 STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

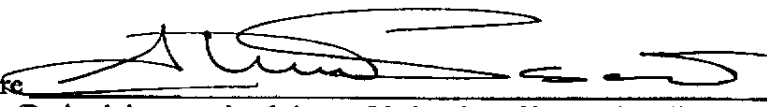
The date of adoption of the amendment(s) was: 10/14/2005

Effective date if applicable: 10/14/2005
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ALINA GASCON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

STATE OF ARIZONA
DEPARTMENT OF REVENUE

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