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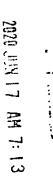
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JUL 2 8 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: North Florida Tov	ving Corp.		
	IBER: P03000132182			
The enclosed Article.	s of Amendment and fee are s	ubmitted for filing		
Please return all corre	espondence concerning this m	atter to the followi	ing:	
	Gabriel Moreira			
		Name of Cont	act Perso	n
	North Florida Towing Corp.			
	Firm/ Company			
	1974 SR 16 Suite C			
	St Augustine, FL 32084	Addre	SS	
		City/ State and	l Zip Cod	c c
	northfloridatowing@gmail.co	om		
	E-mail address: (to be u	sed for future annu	ial report	notification)
For further informatic	on concerning this matter, plea	se call:		
Gabriel Moreira		at (6	931-4955
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Flo	rida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	y	□\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

North Florida Towing Corp.				
(Name of Corporation as curren	tly filed with the Florida De	pt. of State)		
P03000132182				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation :	idopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation :	The new "or the abbreviation "Corp.," name must contain the word		
B. Enter new principal office address, if applicable:	1974 SR 16 SUITE C			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ST. AUGUSTINE, FL 32084			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1974 SR 16 SUITE C			
	ST. AUGUSTINE, FL 32084			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent N/A	dress in Florida, enter the na s:	me of the		
	reet address)	-		
<u>New Registered Office Address:</u> 1974 SR 16 SUITE C . ST	_	Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar ships the suppointment as registered agent.	t: with and accept the obligation	rs of the position.		
`	Registered Agent, if changing			
Check if applicable	- v v v v v v v v v v v v v v v v v v v	7		
The amendment(s) is/are being filed surgium to a 407 0120 (11).	(A) F.C			

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 Doc 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, Example:

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>p</u>	MARIA ACOSTA	14 WHETSTONE LN
Add			PALM COAST, FL 32169
X Remove			
2) Change			
Add			
Remove Change			
Add			·
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

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			sting or organi	ation of issuer	l shares.	
amendment pr	<u>ovides for an exch</u>	<u>ange, reclass</u> ifica	<u>anon,</u> or cancer	MICHALL OF TOOLER		
<u>visions for impl</u>	ovides for an excha ementing the amen	ange, reclassifica idment if not cor	ition, or cancer itained in the a	mendment itse	elf:	
<u>visions for impl</u>	ementing the amen	ange, reclassifica idment if not cor	ntained in the a	mendment itse	elf:	
<u>visions for impl</u> (if not applicabl	ementing the amen	ange, reclassifica idment if not cor	ntained in the a	mendment its	elf:	
<u>visions for impl</u>	ementing the amen	ange, reclassifica idment if not coi	ntained in the a	mendment itse	elf:	
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<u>Visions for impl</u> (if not applicabl	ementing the amen	ange, reclassifica	ntained in the a	mendment itse	<u>stf:</u>	
<u>Visions for impl</u> (if not applicabl	ementing the amen	ange, reclassifica	ntained in the a	mendment itse	<u>elf:</u>	
<u>Visions for impl</u> (if not applicabl	ementing the amen	ange, reclassifica	ntained in the a	mendment itse	<u>81f:</u>	
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<u>Visions for impl</u> (if not applicabl	ementing the amen	ange, reclassifica	ntained in the a	mendment its	<u>81f:</u>	
<u>Visions for impl</u> (if not applicabl	ementing the amen	ange, reclassifica	ntained in the a	mendment its	elf:	
<u>visions for impl</u> (if not applicabl	ementing the amen	ange, reclassifica	ntained in the a	mendment its	elf:	

The date of each amendment(s) date this document was signed.	adoption: if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided to	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	··
	(voting group)
06/11/2020 Dated	Taluil Juriel
selecte	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	GABRIEL MOREIRA
	(Typed or printed name of person signing)
	CEO INCORPORATOR
	(Title of person signing)