Po4000116911

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

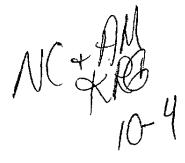
Office Use Only



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OL SEP 27 PM 3: 28
SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: MIGMI TOWING SUVICE |
|--|
| DOCUMENT NUMBER: POGOOLIGGII |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Juana Hurnanduz (Name of Contact Person) |
| A Protossional Ins. (Firm/Company) |
| 851 Palm Aul |
| Hia LEah, Ci. 33010 (City/State/and Zip Code) |
| For further information concerning this matter, please call: |
| Jame of Contact Person) at (305) 8/03-9130. (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street |

Tallahassee, FL 32399

| Articles of Amendment |
|--|
| to Olivern |
| Articles of Incorporation O4 SEP 27 PM 3: 28 |
| of SECRETARY OF CALL ALL ALL ALL ALL ALL ALL ALL ALL AL |
| - Miami Towing Domosser is Alina |
| (Name of corporation as currently filed with the Florida Dept. of State) |
| |
| P04000116011 |
| (Document number of corporation (if known) |
| |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation |
| adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| Or Paulone Thairm For |
| Musicantin the many transfer that the second |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) |
| and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| Delete Tomas - Linz as |
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| trusioent and ADD |
| Tulia Diaz Prasinant |
| COMO MACE TICOLOGIC |
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| (Attach additional pages if necessary) |
| |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| |
| <u> 40</u> |
| |
| |
| |

(continued)

| The date of each amendment(s) adoption: |
|---|
| Effective date if applicable: (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| (Typed or printed name of person signing) |
| Prosince. (Title of person signing) |

FILING FEE: \$35