# P0700002

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Van Change

JAN - 8 2014 T. CARTER

#### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: At Towing & Transporting of Maples, Inc. DOCUMENT NUMBER: P07000028888
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
<u>Juan Arizmendi</u>
EZ Trucking of Maples, Inc.
1091 24th Avenue ne
Address  Naples, FL 34120  City/ State and Zip Code
E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 872-9050  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Additional Copy

#### Mailing Address

TO: Amendment Section

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 32301

is enclosed)

#### **Articles of Amendment**

## to Articles of Incorporation



	of	PALE (	TORION
A + Towing + Tra	nsporting of Maples, ently filed with the Florida Dept. of State)	nes dec 2	<u>6 41110:46</u>
PC	7000028888	<del> </del>	_
(Document Nur	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i>	adopts the following	ig amendment(s) t
A. If amending name, enter the new name o	f the corporation:		
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	he word "corporation," "company," or "inco "Corp," "Inc," or "Co". A professional corp or the abbreviation "P.A."	rporated" or the a	_The new bbreviation contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			-
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			- - -
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the i	name of the	
Name of New Registered Agent	SILICU OTILC AGUICSS.		
	(Florida street address)		
New Registered Office Address;	, Flori	ida	
New Registered Office Hadress.	(City)	(Zip Code)	-
	ing Registered Agent: agent. I am familiar with and accept the obligat re of New Registered Agent, if changing	ions of the position.	
Signatu	re of their negatered regent, 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)

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sm	<u>nith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	<del></del>	_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		<del>_</del>				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del> </del>
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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)	
(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.	
Dated 12-19-13	
Signature (um	
(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)	_
Director / President	

(Title of person signing)