P08 0000055721

(Requ	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to File	ing Officer:

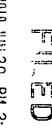




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C. GOLDEN JUL -1 2019

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Miami Recovery Ir	npound Inc	
DOCUMENT NUM	BER: P08000055721		
	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Saul Andollo		
		Name of Contact Person	n
	Miami Recovery Impound In	c	
	· · ·	Firm/ Company	
	P.O. Box 1054	_	
		Address	
	Miami, FL 33238		
		City/ State and Zip Cod	e
info	.mrsinc@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Saul Andollo		at (305	986-6089
Namo	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment of State:
□ \$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)
An Di	niling Address nendment Section vision of Corporations D. Box 6327	Ameno Divisio	Address dment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

2019 JUNI 20 PH 3: 03

Miami Recovery Impound, Inc.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P08000055721	3 <u>2</u>
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>
Miami Recovery Specialist, Inc.	The new
name must be distinguishable and contain the word "corport" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
	N/A Remains as is
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable:	N/A Remains as is
(Mailing address MAY BE A POST OFFICE BOX)	TOTAL CENTRALIS AS IS
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	, Ftorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
	ew Registered Agent, 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change		N/A Remains as is	
Add			
Remove			
2) Change		N/A Remains as is	
Add			
Remove			
3) Change		N/A Remains as is	
Add			
Remove			
4) Change		N/A Remains as is	
Add			
Remove			
5) Change		N/A Remains as is	
Add			
Remove			
6) Change		N/A Remains as is	
Add			
Remove			

(Attach additional sheets, if necessary).	(ne specific)
N/A Remains as is	
	
	
_	
Folian amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A Remains as is	
	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	117/2010	
Effective date <u>if applicable</u> : _	/17/2019	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shar	reholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehol	der
6/17/20 Dated	19	
Signature		·
	a director, president or other officer - if directors or officers have not	
	cted, by an incorporator — if in the hands of a receiver, trustee, or oth ointed fiduciary by that fiduciary)	er court
	Saul Adollo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	