## P09000062342

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Certified Copies	Certificates	s of Status
Special Instructions to I	Hiling Officer:	
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Office Use Only



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SEURCIARY OF STATE TALLAH/SSEE, FLORIDA

11 SEP 12 AH 8: 2

Amend C.COULLIETTE

**EXAMINER** 

SEP 12 2011

## **COVER LETTER**

To: Amendment Section Division of Corporations	•
NAME OF CORPORATION: ALL CO.	PORODON 23012
DOCUMENT NUMBER:	P09000062342
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
IRMA	GARROTE
Name	e of Contact Person
F	Firm/ Company
2830 W	71 PC
•	Address FL 33018
· · · · · · · · · · · · · · · · · · ·	State and Zip Code
MARIAEOQUEX	DO DGMAIL · COM.
E-mail address: (lo be used lo	r luture annual report notification)
For further information concerning this matter, ple	ease call:
* IRMA GARROTE	at (305) 846-1164
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  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 32301



August 30, 2011

IRMA GARROTE 2830 W. 71 PL HIALEAH, FL 33018

SUBJECT: ALL COAST TOWING & RECOVERY, INC

Ref. Number: P09000062342

We have received your document for ALL COAST TOWING & RECOVERY, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 211A00020252

RECEIVED

11 SEP -9 AM 8: 02

RECRETARY OF FORMS

ARE ARRESTED.

## Articles of Amendment to Articles of Incorporation

ALL COAST TO	rently filed with the Florida De		C
· · · · · · · · · · · · · · · · · · ·	0062342	pri or State	
	umber of Corporation (if known)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Floria</i>	la Profit Corporation :	adopts the following
A. If amending name, enter the new name	of the corporation:		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pi	he designation "Corp," "Inc," o	r "Co". A professione	rated" or the al corporation
B. Enter new principal office address, if ar	oplicable:	•	
(Principal office address MUST BE A STRE			7
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF	I <u>e:</u> TCE BOX)	***	P 12 AM 8: 20 HASSEE, FLORIDA
D. If amending the registered agent and/or	registered office address in Flo	orida, enter the name	of the
new registered agent and/or the new reg		, , , , , , , , , , , , , , , , , , , ,	
Name of New Registered Agent:	2830 W. 715		
New Registered Office Address:	(Florida street addr.)  Hallah (City)	ess)	<u>330</u> 18
New Registered Agent's Signature, if change I hereby accept the appointment as registered	agent. I am fashiliar with and a	accept the obligations of	f the position.
7	LOMA 6 A. Signature of New Registered 18	ent, 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: (Atach additional sheets, if necessary) <u>Address</u> Type of Action President Ramino Ramasz President Inma Garinote ☐ Add Remove 2830 W 71PL - 1 HIALEAH FI 33518 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment(s) a	doption:
Effective date if applicable:	of altopitan is required) 08/24/2011
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were so	dopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	oproved by the shareholders through voting groups. The following statement 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	''
(voi	ing group)
The amendment(s) was/were ad action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	08/24/2011
<b>ķelecjé</b> d	TAMA GANNOTE  rector, president of other officer – if directors or officers have not been  l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Frma Gannote
	LTyped or printed name of person signing)
	President
,	(Title of person signing)