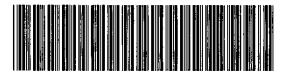
P110000003628

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpo	rations		
NAME OF CORPOR	ATION: PREMIER	TOWING AND RI	ECOVERY CORP
DOCUMENT NUMB	ER: P110000036	28	
	f Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
	AILYN MONTE	S DE OCA	
	AILTIN MONTE		
	PREMIER TOW	Name of Contact Person	OVERY CORP
-		Firm/ Company	
	495 NW 72 AV		
_		Address	
_	MIAMI, FL 33126		
		City/ State and Zip Cod	e
PRI	EMIERTOWING	32011@YAHO	O.COM
E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please	se call:	
AILYN MON	TES DE OCA	at (305	, 8109663
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Mail	ing Address	Street	Address
Amendment Section			lment Section
Division of Corporations			on of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

• •			€
	Articles of Amendment to		SEC .
,	Articles of Incorporation	A.	CREAT T
DDENNED TOWNS AND	of) ()	A 22 L
PREMIER TOWING AN			4 m
	rrently filed with the Florida Dept. of	(State)	
P11000003628	umber of Corporation (if known)		STATE OF
·	•	ţ	·t-
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit	Corporation adopts the following	ş amendment(s) to
A. If amending name, enter the new name	of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association. B. Enter new principal office address, if a (Principal office address MUST BE A STRI	on "Corp," "Inc," or "Co". A profes a," or the abbreviation "P.A." pplicable: N/A	sional corporation name must o	ontain the
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)			
D. If amending the registered agent and/o new registered agent and/or the new re		enter the name of the	
_	(Florida street address)		
No. Desistant Office Address.		, Florida	
New Registered Office Address:	(City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	d agent. I am familiar with and accept		
Signa	ture of New Registered Agent, if change	ing	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	KAREL ALPIZAR	495 NW 72 AVE APT 107
X_{Add}			
Remove			
2) Change			
Add			
Remove			
3) Change			
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)
I/A	
<u> </u>	
-	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
// ·	
-	
	<u> </u>

The date of each amendment	(s) adoption: 07/17/2013	, if other than the
date this document was signed. Effective date if applicable:	07/17/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
_{Dated} 07	/17/2013	
Signature		
se	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court epointed fiduciary by that fiduciary)	
	AILYN MONTES DE OCA	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)