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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M.I.A. KUCOVERY 3 TOWING, COC
DOCUMENT NUMBER: P1100007331
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adelfo Giz Name of Contact Person
Firm/ Company P.O. BOX 831034 Address MIGMI, FL 33283 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adulfo G1Z Name of Contact Person at (904) 861-4991 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

_	torpor acion	
M.I.A. RUCOVUM 3	Towing, Cor	ρ
(Name of Corporation as current)	v filed with the Florida Dept. of State)
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new name of the corporation:	Company, "or "incorporated" or the abb 1 professional corporation name must	The new previation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	n la	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	5 9 91
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ress in Florida, enter the name of the	
(Florida stre	eet address)	
New Registered Office Address:	Florida_	
	(Cipi)	(lint'oda)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		nla	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending o	r adding additional A	rticles, enter cha	nge(s) here:			
Attach addition	nal sheets, if necessary). (Be specific)				
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provisions for	ent provides for an ex implementing the an	cnange, reciassiii nendment if not c	cation, or cancel contained in the s	i <u>ation of issued sn</u> mendment itself:	iares,	
(if not app	licable, indicate N/A)			The state of the s		
nla						
						
	-					
						

	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more than 90 days after amendment file date	<i>'</i>)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the antificient for approval.	nendment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendme	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
Dated UM	nu 10, 2020	
Signature	W	
	ector/president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or	
	d fiduciary by that fiduciary)	one court
-	Adulfo G1Z (Typed or printed name of person signing)	
	(Typed of prinaed famile of person signing)	
	Oralaida ==	