P11000065493

(1	Requestor's Name)	
(,	Address)	
(.	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
. (Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



200284974672

200284974672 05/13/16--01030--015 **35.00

16 MAY 13 PM 1:39

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEST TOWING S	ERVICES & RECOVERY	/ CORP
	BER: P11000065493		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JORGE LUIS CRUZ		
		Name of Contact Perso	n
	BEST TOWING SERVICES	& RECOVERY CORP	
		Firm/ Company	-
	20929 SW 123 CT		
		Address	
	MIAMI FL 33177		
		City/ State and Zip Coo	le
INT	ERSTATECARRIERSERVIC	E@YAHOO.COM	
		sed for future annual repor	t notification)
	`	•	
For further information	on concerning this matter, pleas	se call:	
LOURDES GARCIA	A	786 at (346-6290 ode & Daytime Telephone Number
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	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 Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



16 MAY 13 PM 1: 39

REST TOWN	NG SERV	ICES &	RECOVERY	CORP
12631 167441	V JLIC V		ILLOU TEN	COIL

(Name of Corporation	as currently	iled with the Florida Dept. of State)
P11000065493		
(Documen	nt Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>F1</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
BEST TRANSPORTER SERVICE CORP		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Ce	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	l	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		is in Florida, enter the name of the
Name of New Registered Agent		
	(Florida stree	and duran
	(Pioriau stree	t duar ess)
New Registered Office Address:	((, Florida (Zip Code)
	(•	(2.p 3000)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the second of the second	<mark>tered Agent:</mark> am familiar wi	th and accept the obligations of the position.
Simulation	una of New Pa	ristered 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.

X Change	<u>PT</u>	John Do	2	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				

	(Be specific)
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provincing for implementing the anic	
(if not applicable, indicate N/A)	

The date of each amendment(s) add date this document was signed.	ption:	_, if othe	er than the
Effective date if applicable:			_
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be lis	sted as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.		
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):		
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval		
by	.,,		
	(voting group)		
action was not required.	ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder	16	e e e e e e e e e e e e e e e e e e e
action was not required.		<u> </u>	크를 크림
05/12/2016 Dated		~	;···
Signature's	Al.	3 P#	
(By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if induciary by that fiduciary)	39	52 57
J	ORGE LUIS CRUZ		
	(Typed or printed name of person signing)		-
F	RESIDENT		
	(Title of person signing)		