## P11000104730

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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NC) And

JUL 30 2014 R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: LOPEZ TO	WING SERVICE	ES CORP
DOCUMENT NUMBE	<sub>R:</sub> <u>P1100010473</u>	0	
	Amendment and fee are su		
Please return all correspo	ndence concerning this ma	tter to the following:	
C	smany Aguilar		
_	•	Name of Contact Person	1
<u></u>		Firm/ Company	
1	300 w 41 street	#107	
		Address	
<u> </u>	lialeah, Fl 33012	2	
		City/ State and Zip Code	e
lopez	towing2011@h		
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Osmany Aguil	ar	<sub>at (</sub> 786	383-5832
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## **Articles of Amendment** 10 **Articles of Incorporation** of

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## LOPEZ TOWING SERVICES CORP

(Name of Corporation as current	ly filed with the Florida Dept.	of State)

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ent(s) to

P11000104730			
(Documer	it Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpoi	ration adopts the following amen
A. If amending name, enter the new na	nme of the corporation:		The
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional	'incorporated" or the abbrevia
B. Enter new principal office address,	if applicable:	1300 W 41	STREET
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	APT # 107	
		Hialeah, Fl	33012
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX)	1300 W 41 STREET	
, ,		APT # 107	
		Hialeah, Fl	33012
D. If amending the registered agent an new registered agent and/or the new			the name of the
Name of New Registered Agent	OSMANY AGU		
name of New Registered rigent	1300 W 41 ST	REET APT # 1	107
	(Florida s	street address)	
New Registered Office Address:	HIALEAH		Florida 33012
	(City	v)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ligations of the position.
Siz	gnature of New Registerea	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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>	_		
Add				
Remove				
2) Change		_	-	- the second
Add				
Remove				
3) Change				
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an a	mendment pro	vides for an exc	hange, reclas	sification, or ca	ncellation of is	sued shares.
<u>provi:</u> (i	sions for imple if not applicable	menting the am	endment if no	t contained in	the amendment	itself:
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date this document was sign	
Effective date <u>if applicabl</u>	<u>e</u> :
	(no more than 90 days after amendment file date)
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )
	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement eided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated_JI	JLY 14, 2014
Signature	OSMANY AGUILAR
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	OSMANY AGUILAR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)