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Office Use Only



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19 NOV 22 AM ID: 16 SECRETARY OF STATE TALL AHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section

Division of Corporations Direct Auto towing, INC NAME OF CORPORATION: P 120000 7352 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Danny Romero
Name of Contact Person Direct Auto towing. Danyservices chotmail.(am. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dany Romers at 954 446.5459

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

## Articles of Incorporation of

Direct Auto Lowing	
(Name of Corporation as currently fi	led with the Florida Dept. of State)
P 12000073523	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.2"	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Z. S.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stutting uturess SEAT BE A FOST OFFICE DOA)	
-	
	<u> </u>
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	THE CONTRACT CHICAGAIN OF CHICAGAIN
Name of New Registered Agent	
tFlorida street	address)
New Registered Office Address:	. Florida
C.	yr Zip Coder
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

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 Doc 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 D	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	Title		Name	Address		
1) Change	Man	عرور.	Kennedy E Williams	2 Elm st Hollywood, #1, 33023		
Add				Hollywood, #1, 33023		
Kemove						
2) Change						
Add						
Remove				WOV 22		
3 ) Change		_		22		
Add						
Remove						
4) Change		_		-		
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary), (Be specific)	
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, <del>-</del>	·- <del></del>
	<del></del> :
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	19 \$50 17
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	MOV 22
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)	# 10:
(y not appreciate, treateure star)	15
NIH.	_ <del>0</del> 2
	<del>_</del>
<u> </u>	

· • •	11/19/19	
The date of each amendment(s) adoption: date this document was signed.	11/19/19	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, this date v State's records.	vill not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	chareholders. The number of votes east for the amendment(s) approval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	. <del>"</del>	
tvoti	ing group)	1
☐ The amendment(s) was/were adopted by the baction was not required.	ooard of directors without shareholder action and shareholder	FIL 19 NOV 22 SECRETARY
He amendment(s) was/were adopted by the i action was not required.	neorporators without shareholder action and shareholder	
Dated_NOU 1911	<u> </u>	<u></u>
Signature		ີ່ ອາ ——
	dent or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary	•	
	Typed or printed name of person signing)	
(	Typed or printed name of person signing)	
	President	
	(Title of person signing)	