P12000083881

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress) .	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Advance TOW COrp. DOCUMENT NUMBER: P12000083881
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Advance Tow Corp
Firm/ Company 5 4 30 W 2 Q V Q Address
HIQLEAN, FL 33012 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yanoly Alonso at 305 215-0152. 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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amer	ndment .
to Articles of Incorp	orntion
of	
advance Tow Cor	ρ·
(Name of Corporation as currently filed with the Flori	tia Dept. of State)
<u> </u>	<u> </u>
(Document Number of Corporation (if kn	own)
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.A	'. 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>)	£ 45
· · · · · · · · · · · · · · · · · · ·	
-	
C. Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	FILED 17 PML (CO)
<u>-</u>	
-	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent \anoly Al	ONT .
5430 W 2 as	uldrexx)
Hennada	Anna ber an
New Registered Office Address: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, Florida 330 \(\frac{250 \text{V2}}{\text{Zip Code}}\)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent/ fam familiar with	and accept the obligations of the position
Kaleon	s and analyticans of the bosinons
Signafure of New Register of Agen	nt, 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name ·	<u>Addres</u> s
1) Change	<u> </u>	VICtor Perez	5430 W 2 ave
AddRemove			HIaleah, FL 33012
2) X Change	PST	Yanoly Alonso	5430 W 2nd ave
Add			thaleah, FL 33012
3) Change			
Add			
4) Change			· .
Add			•
5) Change			
Add Remove			
6) Change			
Add			
Remove			

tach additional she	ets, if necessary).	(Be specific)		•	
				:		
						
						
						
				• •		
						
an amendment pro rovisions for imple	ovides for an exc	hange, reclass	itication, or ca	ncellation of is	sued shares,	
(if not applicable	e. indicate N/A)	chament ii not	Contained in	ine amendmen	t itseii.	
(y upp	-,,			•		
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·						
		* ***				

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12 11 12
Signature (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)
(Typed or printed name of person signing)
(1 yped or printed name of person signing)
<u>President</u> , <u>Secretary</u> , <u>Treasurer</u>
(The of person signing)