PM OOO 31643

(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:

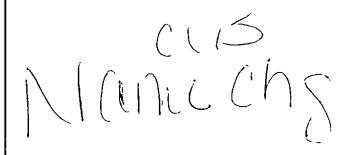
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OCT 0 6 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MISSING	In action	auto Pecaren Ine
DOCUMENT NUMB	er: <u>914</u> -	000031443	3
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jaime. Suprem	Name of Contact Persor Towing Firm/ Company	Inc
	113 Si Homest	Address City/ State and Zip Code	33030
Far further information	Concerning this matter, please	edfor future annual report	Danail. com
Jaime 1	PLYEZ JV. f Contact Person	305	S62.5460 Je & Daytime Telephone Number
	the following amount made		·
☐ \$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)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee §. Monroe Street, Suite 810

Tallahassee, FL 32303



2020717-1 1116:53

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2020

JAIME J. PEREZ, JR. 113 SW 3 AVE HOMESTEAD, FL 33030

SUBJECT: MISSING IN ACTION AUTO RECOVERY INC

Ref. Number: P14000031643

We have received your document for MISSING IN ACTION AUTO RECOVERY INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You can not change the name using the (LLC) suffix. Therefore, you can correct the new name or if your intention is to be a Limited Liability Company, please see the enclosed form to convert to a (LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00017651

Irene Albritton Regulatory Specialist II

www.sunbiz.org



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Letter Number: 020A00015953

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2020

JAIME J. PEREZ, JR. 113 SW 3 AVE HOMESTEAD, FL 33030

SUBJECT: MISSING IN ACTION AUTO RECOVERY INC

Ref. Number: P14000031643

We have received your document for MISSING IN ACTION AUTO RECOVERY INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

Articles of Incorporation

Articles of theo	rporation	
Missing In Action Auto (Name of Corporation as currently) P 14 0000 31 1043 (Document Number of Corporation N	Flowing Inc.	
(Document Number of C	Lorporation (11 known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	113 SW 3 (Homestead, Fo	<u>1ve</u> _33030
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as as	bore
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	_
(Florida stree	n address)	
New Registered Office Address:	, Florida	
((Tity) (Zap	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		: E703
Signature of New Reg	sistered Agent, if changing	-
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (expression of the content of the con), F.S.	J. ⊞: ;

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 <math>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>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<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			

(Attach addi	g or adding additional sheets, if nec	essary). (Be spec	rific)			
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provisions	iment provides for for implementing	the amendment if	lassification, or not contained i	cancellation of is n the amendmen	sued shares, t_itself:	
(if not	applicable, indicate	• N/A)				
					· · ·	·
		 				••
						·

The date of each amendment(s) adoption: 7.112020 if other than
date this document was signed.
Effective date if applicable: 7/1/2020
(no more th <mark>u</mark> n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
Dated 9/1/2020
Signature
(By a director, president or other officer = indirectors 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)
Jaine J. Perez In.
(Typed or printed name of person signing)
President W
(Title of person signing)