## P14000040695

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



100274318561

06/30/15--01017--011 \*\*35.00

DIVISION OF GORPERATIONS

15 JUN 30 AM 8: 09

OLEWIS

## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: QUALITY SERVICE TOWING INC DOCUMENT NUMBER: P14000040695 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RODOLFO VARELA Name of Contact Person QUALITY SERVICE TOWING INC Firm/ Company 16851 NW 87 CT Address MIAMI LAKES FLORIDA City/ State and Zip Code HUMBERTOQUILEZ@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RODOLFO VARELA Name of Contact Person 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 Filing 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 Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



QUALITY SERVICE TOWING INC

15 JUN 30 AM 8: 09

14000040695	or position and carretter	y filed with the Florida Dept. of State)		
	(Document Number of	Corporation (if known)		
ursuant to the provisions of section 607.100 Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)		
. If amending name, enter the new name	of the corporation:			
	n "Corp," "Inc," or "	The new n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		16851 NW 87 CT MIAMI LAKES, FL 33018		
rincipui office auaress <u>MyS1 BE A S1 R1</u>	<u>:E1 ADDRESS</u> )			
. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		16851 NW 87 CT MIAMI LAKES, FL 33018		
		<del></del>		
. If amending the registered agent and/o new registered agent and/or the new re				
Name of New Registered Agent	DOLFO VARELA			
	851 NW 87 CT			
<del></del>	(Florida str	eet address)		
		22010		
New Registered Office Address:	AMI LAKES	Florida 33018		

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.

$\underline{X}$ Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PD	LUIS GRASS	16851 NW 87 CT
Add			MIAMI LAKES, FL 33018
X Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove	•		
4) Change			
Add			
Remove			
5) Change	<del></del>	_	<del></del>
Add			
Remove			
6) Change			
Add			
Pamoua			

tach <i>additi</i>	onal sheets, if	necessary).	icles, enter char (Be specific)				
							=
	<del></del>						
			···		<u> </u>		
	···	<u> </u>					
							_
<del></del>				<del></del>	<u> </u>		
						<u> </u>	
'an amand	mant nuovida	se for an ava	hanga raalaceif	ization or ounc	ellation of issue	d churec	
					amendment its		
(if not a	applicable, ind	licate N A)					
						·····	
						,	
	-						
		<del></del> .					
					<del>-</del>		
				<u></u>			

The date of each amendment(s) adopt	tion:	FILE if other than the
date this document.was signed.		SECRETARY OF STATE
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	
	(no more than 90 days after amenament file	agres 12 704 20 Mil 2
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing require tment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes east for the ient for approval.	: amendment(s)
	ed by the shareholders through voting groups. The folion the voting group entitled to vote separately on the amen	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	Almay Klan	
	(voling group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action	ınd shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and s	hareholder
06/17/2015		
Dated		
Signature	Leaso	
(By a direction selected, by	tor, president or other officer – if directors or officers y an incorporator – if in the hands of a receiver, trustee fiduciary by that fiduciary)	or other court
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	<del></del>