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And

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DLD TOV	VING, INC	
DOCUMENT NUMBER: P14000090	908	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
C	ANE FRANC	IS
	Name of Contact Perso	
	LD TOWING,	INC
024	Firm/ Company	חחוויר
93.	32 SUNRISE	DRIVE
LA	Address AKE PARK, FL	33403
	City/ State and Zip Coo	ie
LH2	4HR@YAHO	O.COM
	sed for future annual repor	
For further information concerning this matter, plea	se call:	
DANE FRANCIS	_{at (} 561	236-1978 Dede & Daytime Telephone Number
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
□ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

14 DEC -5 PM 2:18

DLD TOWING, INC.

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

P1400009090	8
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ent(s) to

(Document Number of	Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corporation ad	opts the following amendme
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co	". A professional corpora	The nev rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x</u>)		
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	l am familiar wit		of the position.
Signature of No	w Registered Age	ent if chanaina	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	FERNANDO JOHNSTON	4819 B ORLEANS CT
Add			WEST PALM BEACH, FL. 3
Remove			
2) Change			
Add			
Remove			
3) Change		_	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	_		
Remove			
Literiove			

f amending or adding additional Artic Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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<u>.</u>	
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If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of issued shares.
(if not applicable, indicate N/A)	
	

The date of each amendment(s) addate this document was signed.	loption:	_, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated		
Signature		_
` •	irector, president or other officer - if directors or officers have not been 1, by an incorporator - if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Done- Fracis tour	
	(Typed or printed name of person signing)	_
	Presiden + (Title of person signing)	
	(Title of person signing)	