Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000293028 3)))



H160002930283ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			
EMATT	AUULE35:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN ONYX TOWING & RECOVERY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help 1 2016

C MCNAIR

Articles of Amendment to Articles of Incorporation of

ONYX TOWING & RECOVERY, INC.	•		
(Name	of Corporation as currently	filed with the Florida Dept. of State)	
P14000095358			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation;	.1006, Florida Statutes, this i	Florida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ration "Corp," "Inc," or "C	n," "company," or "incorporated" or the ab Co". A professional corporation name must c P.A."	breviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	 	
			
			
C. Enter new mailing address, if appl	icable;		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
			
D. If amending the registered agent ar	nd/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	MARLON GAMEZ		
	7245 SW 42 TERR		
	(Florida stre	et address)	
New Registered Office Address:	MAMI	, Florida	
	(City) (Zip Co	ode)
Name Wassindania & combin Clamaterius & C	harmaina Wanishawa Adamata		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.	
	01		
	my	_	
·	Signature of Vew Ri	egistered 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 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	Y	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P/S/D	AURELIO PARRALES	7245 SW 42 TERR
Add			MIAMI, FL 33155
XX Remove			
2)Change	P/S/D	MARLON GAMEZ	7245 SW 42 TERR
XX Add			MIAMI, FL 33155
Remove			·
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remoye			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>u amendir</u> Attach <i>ada</i>	ne or addine additi ditional sheets, if nec	onal Articles, en cessary). (Be sp	iter change(s) h pecific)	ere:			
							.~.
							
				· · · · · · · · · · · · · · · · · · ·			
	 	<u> </u>					
						· · · · · · · · · · · · · · · · · · ·	
							
····		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
provision	adment provides for s for implementing t applicable, indicat	the amendment	eclassification, if not containe	or cancellation d in the amend	of issued share ment itself:	<u>s.</u>	

the

the

11/29/2016	
The date of each amendment(s) adoption:	, if other tha
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed a
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)	
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.	
11/29/2016 Dated	
Signature Anello Panales	
(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)	~~~~~
AURELIO PARRALES	
(Typed or printed name of person signing)	
P/S/D	
(Title of person signing)	