## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC

Account Number : I20120000040

Phone Fax Number : (305)405-2600 : (305)405-2601

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANDYS AUTO TOWING CORP

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Tallahassee, FL 32301

## **COVER LETTER**

| TO: Amendment Sec<br>Division of Corp |   |  |  |  |
|---------------------------------------|---|--|--|--|
| NAME OF CORPO                         | RATION: ANDYS AUTO TO                       | OWING CORP   |  |  |
|                                       | BER: P15000019297                           |  |  |  |
|                                       | of Amandment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corre               | espondence concerning this mai              | ter to the following:  |  |  |
| •                                     | JENNY MEDINA                                |  | <u> </u>   |  |
|                                       | -   | Name of Contact Person   | 1  |  |
|                                       | THE ELITE CARRIER SER                       | VICES OF MIAMI LLC   |  |  |
|                                       | Firm/ Company                               |  |  |  |
|                                       | 12060 NW SOUTH RIVER I                      | OR   |  |  |
|                                       |   | Address  |  |  |
|                                       | MEDLEY, FL, 33178                           |  |  |  |
|                                       |   | City/ State and Zip Code   | 3  |  |
| · <b>YM</b> 0                         | EDINA@ELITECSOM.COM                         |  | •  |  |
|                                       | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |
| For further information               | on concorning this matter, pleas            | se call:   |  |  |
| JENNY MEDINA                          |   | nt ( <sup>305</sup>  | 4052600  |  |
| Name                                  | of Contact Person                           | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check i                 | or the following amount made                | payable to the Florida Depe  | ariment of State:  |  |
| \$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) |  |
| Mailing Address                       |   | Street Address   |  |  |
|                                       | nendment Section                            |  | lment Section  |  |
|                                       | vision of Corporations                      | Division of Corporations   |  |  |
|                                       | D. Box 6327<br>Hahassee, FL 32314           | Clifton Building 2661 Executive Center Circle                      |  |  |
| . 14                                  | **************************************      | 200X E   |  |  |

FAX No. 3053581202 FILED SECRETARY OF STATE DIVISION OF CORPUSE HOMS

## Articles of Amendment to Articles of Incorporation of

16 HAR 21 AM 11: 15

| ANDYS AUTO TOWING CORP  |  | <u> </u>  |  |  |
|---|--|---|--|--|
| (Name o   | f Corporation as current                                 | ly filed with the Florida Dept. of State)   |  |  |
| P15000019297  |  |   |  |  |
|   | (Document Number (                                       | of Corporation (if known)   |  |  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:   | 1006, Florida Statutes, this                             | Florida Profit Corporation adopts the following amendment(s)  |  |  |
| A. If amending name, enter the new na   | me of the corporation:                                   |   |  |  |
|   |  | The new   |  |  |
| name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or                                  | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |  |  |
|   |  | 11645 SW 245 TER  |  |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )     |  | HOMESTEAD FL 33032  |  |  |
|   |  |   |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                               |  | 11645 SW 245 TER  |  |  |
|   |  | HOMESTEAD FL 33032  |  |  |
|   |  |   |  |  |
| D. If amending the registered agent an<br>new registered agent and/or the ne  | id/or registered office ad-<br>w registered office addre | iress in Florida, enter the name of the   |  |  |
| Name of New Registered Agent  | MARISOL MARTIN   |   |  |  |
| TIMETRY OF THE STATE OF THE STATE OF  | 11645 SW 245 TER   |   |  |  |
| •   | (Florida s   | treet address)  |  |  |
| New Registered Office Address:  | HOMESTEAD  | Florida 33032   |  |  |
|   |  | (City) (Zip Code)   |  |  |
| New Registered Agent's Signature, if c  | hanging Registered Ager<br>tered agent. I am familia     |   |  |  |
| · y S   | flerfin_   |   |  |  |
| ' /   | / Signature of New                                       | Registered 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:

FAX No. 3053581202

(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 Doc 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. Example:

| X Change                      | PT                       | John Doe               |   |  |  |  |
|-------------------------------|--------------------------|------------------------|---|--|--|--|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jones             |   |  |  |  |
| ∡X Add                        | <u>sv</u>                | Sally Smith            |   |  |  |  |
| Type of Action<br>(Check One) | Title                    | Name                   | <u>Addres</u> s                         |  |  |  |
| 1) Change                     | P                        | MARIO ORIHUELA FAJARDO | 13634 SW 73 TER                         |  |  |  |
| Add                           |                          |                        | MIAMI FL 33183                          |  |  |  |
| X Remove                      |                          |                        |   |  |  |  |
| 2) Change                     | <b>P</b> ·               | MARISOL MARTIN         | 11645 SW 245 TER                        |  |  |  |
| X Add                         |                          |                        | HOMESTEAD FL 33032                      |  |  |  |
| Remove                        |                          |                        |   |  |  |  |
| 3)Change                      |                          |                        |   |  |  |  |
| Add                           |                          |                        |   |  |  |  |
| Remove                        |                          |                        |   |  |  |  |
| 4) Change                     |                          |                        |   |  |  |  |
| Add                           | ,                        |                        |   |  |  |  |
| Remove                        |                          |                        |   |  |  |  |
| 5) Change                     |                          |                        |   |  |  |  |
| <b>Ad</b> d                   |                          |                        |   |  |  |  |
| Remove                        |                          |                        |   |  |  |  |
| 6) Change                     |                          |                        |   |  |  |  |
| Add                           |                          |                        | , |  |  |  |
| Add                           |                          |                        |   |  |  |  |
| Kemove                        |                          |                        |   |  |  |  |

|   | ssary). (Be specific) | ngo(s) here:             |                     |     |
|---|-----------------------|--------------------------|---------------------|-----|
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|   |                       |                          |                     |     |
|   | ·• ·                  | fication, or cancellatio | n of issued shares, |     |
| f an amendment provides for provisions for implementing (if not applicable, indicate  | the amendment if not  | соотжитео и гле винеп    | <u>omen cirente</u> |     |
| provisions for implementing   | the amendment if not  | соосилео и ис виен       | oment itseit:       |     |
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| provisions for implementing   | the amendment if not  | соосилео IV IVE яшен     | oment itsette       |     |
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| provisions for implementing   | the amendment if not  | COOLNINGO IVI IVE RIVEN  | oment itsett:       |     |
| provisions for implementing   | the amendment if not  | coordined in the amen    | oment itseit:       |     |
| If an amendment provides for provisions for implementing (if not applicable, indicate | the amendment if not  | COOLNINGO IN INC. AMERI  | o)nent itsett:      |     |
| provisions for implementing   | the amendment if not  | coordined in the amen    | oment itseit:       |     |

FAX No. 3053581202 FILEU SECRETARY 17 STATE DIVERSE CORPER LICES

| The date of each amendment(s) a   | 03/21/2016  | 16 MAR 2 L                     | AM 11: 15                             | , if other than the  |
|---|---|--------------------------------|---------------------------------------|----------------------|
| date this document was signed.  | -<br>t  | IM (1773.5-1                   |                                       |                      |
| Eifective date <u>if applicable</u> :                                     | 1/2016  |                                |                                       |                      |
|   | (no more than 90 d  | ays after amendment file da    | te)                                   |                      |
| Note: If the date inserted in this is document's effective date on the De | plock does not meet the applicab<br>epartment of State's records.       | le statutory filing requireme  | onts, this date will                  | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                                |                                       |                      |
| The amendment(s) was/were add by the shareholders was/were st             |   | umber of votes cast for the a  | mendment(s)                           |                      |
| ☐ The amendment(s) was/were apmust be separately provided for             | proved by the shareholders throug<br>reach voting group entitled to vot |                                |                                       |                      |
| "The number of votes cast   | for the amendment(s) was/were s   | sufficient for approval        |                                       |                      |
| by  | (voting group)  |                                |                                       |                      |
|   | (voting group)  |                                |                                       |                      |
| ☐ The amendment(s) was/were ad action was not required.                   | opted by the board of directors wi                                      | thout shareholder action an    | d shareholder                         |                      |
| ☐ The amendment(s) was/were ad action was not required.                   | opted by the incorporators withou                                       | it shareholder action and sha  | reholder                              |                      |
| 03/21/201   | 6   |                                |                                       |                      |
| Dated   | <i>(1</i> )   |                                |                                       |                      |
| Signature   | X III   |                                |                                       |                      |
| ( <u>1</u> Sy a c   | dregior, president or other officer                                     |                                |                                       | _                    |
|   | ed, by an incorporator - if in the h                                    | ands of a receiver, trustee, o | or other court                        |                      |
| аррой   | nted fiduciary by that fiduciary)                                       |                                |                                       |                      |
|   | MARIO ORIHUELA FAJARD   | o                              |                                       |                      |
|   | (Typed or printed na  | me of person signing)          |                                       | <u></u>              |
|   | PRESIDENT   |                                |                                       |                      |
|   | (Title of   | person signing)                | · · · · · · · · · · · · · · · · · · · | <del></del>          |