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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: CTM Team, Inc.		
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Lisamar Marin		
		Name of Contact Person	1
	CTM Team. Inc.		
		Firm/ Company	***
	11209 OAKSHORE LANE		
		Address	
	Clemont, FL 34711		
		City/ State and Zip Code	2
licam	ar0618@hotmail.com		
	•	sed for future annual report	notification)
	,	·	
For further information	concerning this matter, pleas	se call;	
Lisamar Marin		at (<u>407</u>	616-7199
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CTM Team, Inc.			
(Name of Corporation	on as currently filed with the l	Florida Dept. of State)	
P15000027584			
(Docum	nent Number of Corporation (if I	(nown)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	prporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the co	progration:		
CTM Team Towing, Recovery, & Transportation, Inc.	·.		V The new
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A professi	or "incorporated" or the onal corporation name mu	abbreviation st 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 <u>MAY BE A POST OFFICE BO</u>	<u></u>	Della Control of the	18 JUN 18 PM 3
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, e office address;	nter the name of the	·
Name of New Registered Agent			
	(Florida street address)		
V D in 1000 at 1 hours	•	, Florida	
New Registered Office Address:	(City)		ip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	vistered Agent: I am familiar with and accept th	ne obligations of the position	n.
Sion	nature 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:

(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.

Anke Jones, 1 as Kemove Example:	r, ana sai	iy Smun, Sv as an Ada.	
Example: XChange	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	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			

The state of the s	cles, enter change(s) here: (Be specific)	
		
f an amendment provides for an excl	ange, reclassification, or cancellation of issued	I shares,
	ndment if not contained in the amendment itse	<u>lf;</u>
provisions for implementing the ame		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame		
provisions for implementing the ame		
provisions for implementing the ame		
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provisions for implementing the ame		

The date of each amendment(s) ad late this document was signed.	option:	if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after ame	
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this blocument's effective date on the Dep		ling requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes ficient for approval.	s cast for the amendment(s)
	roved by the shareholders through voting grou each voting group entitled to vote separately o	
"The number of votes cast f	or the amendment(s) was/were sufficient for a	pproval
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	pted by the board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder	action and shareholder
Dated6-1	11-2018	
Signature <u>fu</u>	11-2018	
(By a di	rector, president or other officer – if directors, by an incorporator – if in the hands of a rece	
	ed fiduciary by that fiduciary)	real tristee, or other court
1	Lisamar Marin	
-	(Typed or printed name of person s	signing)
,	Vice President	

(Title of person signing)