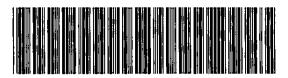
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(Re	equestor's Name)			
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FILEO SCORETARY OF STATE DIVISION OF COMPORATION(

AUG 2 5 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Coretes =	Towing Service Inc.
^	00047993
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Rober	Tlortes
Cortes T	Name of Contact Person Owing Service Firm/ Company
	First Company RANGE AVE
	ON A FL. 32750 City/ State and Zip Code
mail@ C	City/ State and Zip Code ortestowing.net sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Robert Cortes	at (_407) 339.3339
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$35 Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

FILLÉD SECRÉTARY OF STATE DIVISION OF CORPORATION:

Cortes Towing Service Inc.	2016 AUG 15 AM 8: 03
(Name of Corporation as currently filed with the Florida Dep	ot. of State)
P 15 000047 993 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation:	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpor word "chartered," "professional association," or the abbreviation "P.A."	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
I) If any directly registered was to add a registered office address in Navido autorate no	ma of the
D. If amending the registered agent and/or registered office address in Florida, enter the name registered agent and/or the new registered office address:	ine of the
Name of New Registered Agent Robert Cortes	
245 ORANGE AVE (Florida street address)	
(Florida street address)	
New Registered Office Address: Conquod	. Florida 32750
(Cirv)	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ns of the position.

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:

(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 Fixecutive 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.

Example: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	PT	Harry W. Forrest	245 DEANGE AVE
Add Remove			Longwood, FC 32750
2) Change Add	PT	EFRAIN Maldonado	245 orange Aug Longwood, FL. 32750
Remove 3) Change Add	<u> </u>	Carlos Maldonado	245 orange Ave Longwood, FL . 32752
Remove Change Add Remove	D	Robert Grtes	245 Drange Aug Longwood, Fl. 32750
5) Change Add Remove			
6) Change Add Remove			

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	r adding additional Ar mal sheets, if necessary).	(Be specific)			
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an amendm	ent provides for an exc r implementing the am	hange, reclassification	on, or cancellation	of issued shares,	
	plicable, indicate N/A)	enument ii not coma	then in the amenor	nent asen.	
			·····		

\checkmark

The date of each amendment(s) adoption:		if other than the
date this document was signed.		SECRETARY OF STALL DIVISION OF CORPORATION
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	2016 AUG 15 AM 8: 03
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements. State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	shareholders. The number of votes east for the amen pproval.	dment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amend	dinent(s) was/were sufficient for approval	
by	ing group)	
(von	ng group)	
The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by the i action was not required.	neorporators without shareholder action and shareho	lder
Dated August	2,2016	
Signatur)	
	dent or other officer - if directors or officers have no	ot been
selected, by an incor	rporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary	by that fiduciary)	
	Robert Cortes	
(*	Typed or printed name of person signing)	
	Director	
	(Title of person signing)	