P15000062829

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: LA BENDICION TOWING INC DOCUMENT NUMBER: P15000062829 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILFREDO FLORES Name of Contact Person LA BENDICION TOWING INC Firm/ Company 6512 SEMINOLE DR Address ORLANDO, FL 32822 City/ State and Zip Code MARISOLPANELL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILFREDO FLORES at (<u>407</u>) <u>741 -5522</u> Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$35** Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

to **Articles of Incorporation**



LA BENDICION TOWING INC

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	<i>\$</i> -
P15000062829			(4)
****	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Catartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation A professional corporation name must contain "	i "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BF. A STREET ADDRESS)		6512 SEMINOLE DR	
		ORLANDO, FL 32822	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6512 SEMINOLE DR	
		ORLANDO, FL 32822	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent WILFREDO FLORES			
	6512 SEMINOLE DR		
	(Florida s	treei address)	
New Registered Office Address:	ORLANDO	, Florida 32822	
	-	(City) (Zip Ce	ode)
New Registered Agent's Signature, if of I hereby accept the appointment as regis.		nt: - with and accept the obligations of the position.	
Wil	hade Flore		
V	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)

Example:

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	WILFREDO FLORES	6512 SEMINOLE DR
Add			ORLANDO, FL 32822
Remove			
2) Change	VP	MARISOL PANELL	6512 SEMINOLE DR
X Add			ORLANDO, FL 32822
Remove 3) Change			
Add			
Remove			
4) Change		 	
Add			
Remove			**.
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
IVA	
	_
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	_

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	7/20/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	/20/2020	
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment j	lile date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requ Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	τ the amendment(s)
	approved by the shateholders through voting groups. The for each voting group entitled to vote separately on the an	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		,,
,	(voting group)	
7/20/202	0	
Dated		
Signature/	Monto Theres	
(By	a director, president or other officer – if directors or office	rs have not been
scle	cted, by an incorporator - if in the hands of a receiver, trus	stee, or other court
appo	pinted fiduciary by that fiduciary)	
	WILFREDO FLORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	