P15200078423

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	TATION:	Florida Corp.			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Elier Paez				
	Name of Contact Person				
	Towsafe Of South Florida Corp.				
	Firm/ Company				
	11301 S. Dixie Highway #56	6232			
	Address				
	Miami FL 33156				
		City/ State and Zip Cod	· ·		
Elierr	aez@gmail.com				
	*	sed for future annual report	notification)		
			,		
For further information	n concerning this matter, pleas	se call:			
Elier Paez		305 at (796-5900		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment 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 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment Articles of Incorporation of

Towsafe Of South Florida Corp. (Name of Corporation as currently f				
(Name of Corporation as currently f				
	iled with the Florida Dept, of State)			
P15000078423				
(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the follow	ring amendment(s)		
A. If amending name, enter the new name of the corporation:				
Safeway Towing Inc.		The new		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the ". A professional corporation name mu	abbreviation		
B. Enter new principal office address, if applicable:	11301 S. Dixie Highway #566232			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33156			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11301 S. Dixie Highway #566232	F11		
	Miami, FL 33156	10 ≥ m		
	F 17) 27	و ي		
*		0		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the			
ACIA				
Name of New Registered Agent IN		_		
(Florida street	n.Hears)	_		
11301 S. Dixie Highway #560				
	Florida			
New Registered Office Address: 11301 3. Dixie Highway #300	ity) (Zi	n Code)		

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_ N/A	
Add			
Remove			
2) Change		N A	
Add			
Remove			
3) Change		_ <u>N</u> A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N_A	
Add		, in the second	
Remove			
6) Change		N/A	
Add		•	
Remove			

	itional sheets, if nec					
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lf an amen	dment provides fo	r an exchange, recl	assification, or c	ancellation of issi	ied shares,	
(if not	<u>s for implementing</u> - applicable, indicat	the amendment if	not contained in	the amendment i	tseif:	
``	MIA	,				
	<u> III A</u>			+		
			 			
	-			•		<u> </u>
						

•	07/17/2017	
The date of each amendment(s) ac date this document was signed.	option:	, if other than the
07/1	7/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days a f	ter amendment file date)
Note: If the date inserted in this h document's effective date on the De		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number fficient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through votice each voting group entitled to vote sepa	
"The number of votes cast	for the amendment(s) was/were sufficie	ent for approval
by	NIA	·*·
-	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without share	sholder action and shareholder
07/17/2017 Dated		
		<u></u>
Signature		<u> </u>
(By a d	rector, president or other officer – if di	rectors or officers have not been
	I, by an incorporator – if in the hands o	f a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)	
	_ Elier Pae	7
	(Typed or printed name of p	
	Vice Pro	i si zen t
	(Title of person	signing)