P16 000043623

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19 MAY 22 AH ID: 39 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALL IN ONE TO	WING SOLUTIONS, INC	
	ER: P16000043623		
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
۸	IICHAEL DIAZ		
_		Name of Contact Perso	n
Λ	ALL IN ONE TOWING SOI	LUTIONS	
_		Firm/ Company	
p	O BOX 700516		
_		Address	
N	HAMI, FL 33170		
_		City/ State and Zip Cod	<u> </u>
micky2	65876@yahoo.com		
, -	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MICHAEL DIAZ		786) 507-9279 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A 1 T	IN ONE	TOWNG	SOLUTIONS	INC
44	HYUNE		306011005	

(Name o	f Corporation as curren	ntly filed with the Florida E	ept. of State)			
P16000043623						
	(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607. I its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporatio	n adopts the followi	ng amendi	nent(s)	10
A. If amending name, enter the new na	me of the corporation:					
N/A				The ne	erv	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp," "Inc." or	r "Co". A projessional cor _l	orporated" or the cooration name must	abbreviatie t contain t	on he	
		N/A				
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>	<u>(Lapplicable:</u> FREET ADDRESS)	 			=	
					-	
			<u> </u>	<u> </u>	. 19	
C. Enter new mailing address, if appli	cable:	N/A			HA	بيدسو
(Mailing address MAY BEA POST of		IN/A	<u></u>	35 <u>-</u> :	- ~	
				<u> </u>	<i>\</i> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			-	: 155: -71	<u> </u>	17
			_	- 5 2	AM IO	
D. If amending the registered agent an	d/or registered office a	ddress in Florida, enter the	name of the	<u> </u>	3 9	
new registered agent and/or the new	v registered office addr	ress:				
Name of New Registered Agent	MICHAEL DIAZ	<u></u>				
	1190 SW 222 Str	eet				
	(Florida	street address)				
1000 100	MIAMI		33170 Florida			
New Registered Office Address:		(City)		p Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Ag tered agent. I am famili	ent: iar with and accept the obliga	itions of the position	1.		
		J.				
	Signature of Ne	w Registered Agent, if chang	ing	_		

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.

X Change	PT John	n Doe		
\underline{X} Remove	<u>V</u> <u>Mik</u>	ce Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
!) Change	P	OLGA MONTERO	PO BOX 700516	
Add	_ 		MIAMI FL 33170	
X Remove				
2) Change	p	MICHAEL DIAZ	PO BOX 700516	
X Add			MIAMI FL 33170 FG AY	
Remove			/ ^ } ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
3) Change				1
Add			FI. S. D.	į
Remove			39 39	
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	
	
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	Teer Asse
	(TI
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)	SIA SIA
N/A	39
	-

The date of each amendment(s) adoption:	, if other than
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/05/2019 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	TO HAY
OLGA MONTERO	722
(Typed or printed name of person signing)	E III
PRESIDENT SE	
(Title of person signing)	- မ