## P160009263

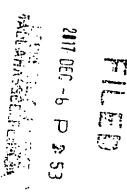
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PICK-UP WAIT MAIL
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## **COVER LETTER**

**.** 

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORAT	TION:	) Towing	, Inc.
DOCUMENT NUMBER	1: <u>P1600009.</u>	2663	
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
	Jeig 3475 S Hallyw Molom Z ( E-mail address: (to be de	Name of Contact Pers  Firm/ Company  Meridan  Address  City/ State and Zip Co  Company  City/ State and Zip Co  Company  City/ State and Zip Co	Street, Swift 310
For further information co	oncerning this matter, pleas	se call:	
Sholom Name of C	Zeines Contact Person	at ( <u>786</u> Area C	Code & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida De	partment 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)
Amenda	z Address nent Section n of Corporations	Amei	t Address adment Section ion of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## · Articles of Amendment

' to

Articles of Incorporation of
TO TOOLING FOR
(Name of Corporation as currently filed with the Florida Dept. of State)
P 16 1000 9 2 663
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Sholom Zeines
New Registered Office Address:  We Registered Office Address:  (City)  New Registered Office Address:  (City)  (City)  (City)  (City)  (City)  (City)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 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: <u>X</u> Change	<u>PT</u> <u>J</u>	Iohn Doc	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
_X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	Itzhak Mamia	4343 S. State Rd 7
Add			Davie, FL 33314
Remove			
2) Change	<u>P</u>	Sholom Zeines	
Add			Davie, FL 33314
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendmen	t provides for an exc	hange, reclassific	ation, or cancella	tion of issued shar	es,
(if not appli	mplementing the am cable, indicate N/A)	endment if not co	ntained in the am	iendment itself:	
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The date of each amendment(s) ad	loption:	12/1/20	17	, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :				
	(no more than	90 days after amendment file	, date)	
Note: If the date inserted in this be document's effective date on the Dep		icable statutory filing require	ements, this date will	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. Th	ne number of votes cast for th	ne amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s) was/we	ere sufficient for approval		
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/were ado action was not required.	pted by the board of director	s without shareholder action	and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators wit	hout shareholder action and	shareholder	
Dated	12/1/17			
Signature	rector, president or other off			
	irector, president or other off I, by an incorporator – if in t			_
	ed fiduciary by that fiduciary			
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•	(Typed or printed	name of person signing)	· · · · · ·	
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	Title	of person signing)	<del></del>	
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