P17000013446

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PICK-UP	MAIT WAIT	MAIL
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COVER LETTER

TO: Amendment Section

EN OCT -3 24 0 14 Division of Corporations K&W Trowing Inc. NAME OF CORPORATION: P170000 13446 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: K&W Towing, Inc. Cape Coral FL 33990
City/State and Zip Code KW towing 239 a gmail. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 440 - 4014

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **Ճ**\$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 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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	Articles of Am	endment	ر د خو
	to		
	Articles of Inco	rporation	E PO
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K & \	N Towir		
(Name of Corpo	ration as currently	filed with the Florida Dept.	of State)
Р	170000	13446	Q :
(Do		Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:		
WA			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered." "professional association," or	orp," "Inc," or "C	o". A professional corporat	rated" or the abbreviation
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>)		NA	
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	N/A	
D. If amending the registered agent and/or reg	etared office addre	ce in Florida, ontor the nam	o of the
new registered agent and/or the new registe		ss in Figriga, enter the ham	e or the
_			
Name of New Registered Agent	NIA		
	(Florida stree	t address)	
New Propietowal Office Address			rei. da.
New Registered Office Address:	10	City)	Florida(Zip Code)
		• •	,
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registered age	nt. I am familiar wi	th and accept the obligations	of the position.
		-	
	Signature of New Par	ristered Agent if changing	

If amending the Officers and/or Directors, enter the t	itle and name of each officer/director	being removed and title, name, and
address of each Officer and/or Director being added:		
Zan it i filtiformatic formatic		

(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:	,	,, e.,, ., .	40 471 1144				
X Change	<u>PT</u>	John Do	<u>oe</u>				
X Remove	<u>V</u>	Mike Jo	nes				
X Add	<u>SV</u>	<u>Şally Sı</u>	nith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s
1) Change	PVS	<u>5</u> T	Jorge	Sayet	Martin		606 N.W. 16th Place
X_ Add							Cape Coral, Fl 33993
Remove							
2) Change		_				-	
Add							
Remove							
3) Change		_				-	
Add							
Remove							
4) Change		_				-	
Add							·
Remove							
5) Change		_				-	
Add				ļ			
Remove							
6) Change		_				-	
Add							
Remove							

E. If amending or adding additional Articles, enter cha	nge(s) here:
(Attach additional sheets, if necessary). (Be specific)	
N la	
	···-
F. If an amendment provides for an exchange, reclassif provisions for implementing the amendment if not of	ication, or cancellation of issued shares, ontained in the amendment itself:
(if not applicable, indicate N/A)	
A	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's re-	the applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	NE)
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group each voting gro	
"The number of votes cast for the amendment(s	• •
by	<u> </u>
by(voting grou	p)
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporaction was not required.	1
Dated_ 9/15/1	7
The state of the s	
77g.mea. 2	other officer – if directors or officers have not been
	- if in the hands of a receiver, trustee, or other court
Rae	Valerio
(Typed o	r printed name of person signing)
PVST Pres	sident, Vice-President Secretary Treasurer
	(Title of person signing)

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