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R. WHITE

18 APR 16 AN 10: 44

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MIAMI EXCLUSIV	E TOWING SERVICE INC	
DOCUMENT NUMBER: P18000012816		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
EMILIO DE LA PAZ		
	Name of Contact Person	
MIAMI EXCLUSIVE TOWIN	IG SERVICE INC	
<del></del>	Firm/ Company	
944 E 33RD ST		
	Address	
HIALEAH FL 33013		
-	City/ State and Zip Code	
DAMARISACCOUNTAX@YAHO	O.COM	
-	for future annual report notification)	
is man teasing (to be med		
For further information concerning this matter, please	coll.	
To father information concerning this matter, prease		
EMILIO JR DE LA PAZ	at (	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:	
\$35 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

## Articles of Amendment to Articles of Incorporation of

## 18 APR 16 AM 10: 44

MIAMI EXCLUSIVE TOWING SERVICE INC

	IIII THE LIBE	ida Dept. of S	state)	
lumber of Corpor	ation (if kno	wn)		
ites, this <i>Florida</i>	Profit Corpo	<i>pration</i> adopts	the follow	ing amendment(
ation:				
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orporation," "co. ac," or "Co". A eviation "P.A."	mpany," or professiona	"incorporate al corporation	d" or the name mus	abbreviation st contain the
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Florida street addre	·ss)		,	
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e <u>a Agent:</u> familiar with and	accept the o	obligations of	the position	n
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	ntion:  orporation," "conac," or "Co". A eviation "P.A."  N/A  S)  N/A  N/A  Since address in Feraddress:  Florida street address:  familiar with and	ntes, this Florida Profit Corporation:  orporation, " "company," or ac." or "Co". A professional eviation "P.A."  N/A  N/A  N/A  S)  Clice address in Florida, entered address:  (City)  City)  Agent: familiar with and accept the company of the com	ntion:  orporation, " "company," or "incorporate ac," or "Co". A professional corporation viation "P.A."  N/A  N/A  N/A  Since address in Florida, enter the name of address:  Florida street address)  (City)  cd Agent:	ntes, this Florida Profit Corporation adopts the follow ation:  Proporation," "company," or "incorporated" or the ac." or "Co". A professional corporation name must eviation "P.A."  N/A  N/A  N/A  S)  N/A  Florida street address:  Florida street address)  City)  (City)  City)  A position adopt the obligations of the position and accept the obligations of the position accept the obligations of the position accept the accept the obligations of the position accept the ac

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	<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	P	EMILIO JR DE LA PAZ	944 E 33RD ST
Add			HIALEAH FL 33013
Remove		,	
2) Change			<del>.</del>
Add			
Remove		•	
3 ), Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			·
Add			
Remove			<del> </del>
6) Change			· ·
Add			
Remove			

E. If amending or adding additional A (Attach additional sheets, if necessary,	). (Be specific)				
√/A				•	
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If an amendment provides for an ex	change, reclassifica	tion, or cancellati	on of issued shar	es,	
provisions for implementing the an	nendment if not con	tained in the ame	ndment itself:		•
(if not applicable, indicate N/A)	•				
N/A					
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04/10/2018
The date of each amendment(s) adoption:, if other than the date this document was signed.
02/05/2018
Effective date if applicable:  (no more than 90 days after amendmen: file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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 cmendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
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.
04/10/2018
Dated
E A A ME
Signature
selected, by an incorporator – it in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
EMILIO JR DE LA PAZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)