P180000 33337

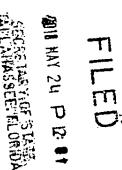
(Red	questor's Name)			
(Add	dress)			
(Ado	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Doc	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		ļ		

Office Use Only



200313679962

05/24/18--01005--004 **35.00



HAY 2 9 2010 T. LERMEUX

4

COVER LETTER

TO: Amendment Section Division of Corporations

Cibao Towing Inc
P18000023029
nd fee are submitted for filing.
ning this matter to the following:
Yaskaira Cruz Columna
Name of Contact Person
Columna Agency Inc
Firm/ Company
223 S John Young Parkway
Address
Kissimmee FL 34741
City/ State and Zip Code
labite at a 40400 at a se
lchihuahua1012@yahoo.com
natter, please call: at (407) 507-2686
Area Code & Daytime Telephone Number
nount made payable to the Florida Department of State:
ing Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Street Address Amendment Section
ons Division of Corporations
Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cibao Towing Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P18000023029 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 (Florida street address) New Registered Office Address: (City) (Zip Code) 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 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.

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) Change	_VP	Lissette Garcia	113 Candlewood Ct
_xx_Add			Kissimmee, FL 34743
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)				
					
·					
			-		
		· · · ·			<u> </u>
<u> </u>			·		
					<u> </u>
				- 1,	
f an amendment provides for an exch	iange reelassifica	tion or cancell	ation of issued	chares	
provisions for implementing the ame	ndment if not con	tained in the ar	nendment itsel	lf:	
(if not applicable, indicate N/A)					
-					
				 -	
					

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	5/9/2018	
	(no more than 90 days after amendmer	n file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	nted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
	or the amendment(s) was/were sufficient for approve	al
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder ac	ction and shareholder
☑ The amendment(s) was/were ado action was not required.	nted by the incorporators without shareholder action	and shareholder
Dated5	9/2018	
Signature	Man	
(By a di	rector, president or other officer - if directors or offi	cers have not been
selected	, by an incorporator - if in the hands of a receiver, to	rustee, or other court
appoint	ed fiduciary by that fiduciary)	
	AnGEL GARCIA (Typed or printed name of person signing	
	(Typed or printed name of person signing	<u> </u>
	Presidente	
-	Yre Si deh Te (Title of person signing)	