## P18000081125

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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
		:





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FEB 2 7 2019 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AJL QUALITY I	NC	
DOCUMENT NUMBE	CR: P18000081125		
The enclosed Articles of	Amendment and fee are su	hmitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
JI.	DEL LEON		
_		Name of Contact Person	)
А	JL QUALITY INC		
-		Firm/ Company	
. 20	042 SW 58TH AVE		
_		Address	
N	11AMI FL 33155		
_		City/ State and Zip Code	· ·
71177	MHANIERANI DE AMA		
Incla	XHOUSE@LIVE.COM	sed for future annual report	notification)
	E-man address, (to be us	sea for fattire affidal report	notheanon)
For further information of	concerning this matter, pleas	se call:	
JOEL LEON		at (	6631076
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	ertment of State:
S35 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)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations lox 6327 assec, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assec. FL 32301

## Articles of Amendment to Articles of Incorporation of

7 II	$(\alpha)$	IΔ	LITY	. 17	VC.
71 J		יאלו			X .

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P18000081125	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amen
A. If amending name, enter the new name of the corporati	ion:
AJE QUALITY TOWING INC	The
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	," or "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)
	19
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	i m
(maning duaress <u>MAY DE ATOST OF TICE BOX</u> )	
	: <u></u>
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	uddress:
Name of New Registered Agent	
Nume of New Registerea Agent	
учте од рем кодиства Аден	
	orida street address)
	orida street address), Florida (City) (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title 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; C) Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 (7)			
6) Change			<del> </del>
Add			
K ODBOA'O			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	<del></del>
<del></del>	
<del> </del>	
	<del></del>
lf an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicative, marcule (v/n)	
<del></del>	

<b>.</b>	loption:, if
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,·``
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
02/19/2019 Dated	
Signature	Joel Leon
(By a d selecte	irector, president or other officer – if directors or officers have not been d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	JOEL LEON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)