P19000079375

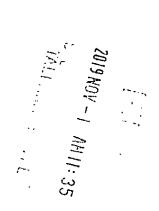
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPOR	RATION: DIAZ TOWING I	NC		
DOCUMENT NUMI	P19000079375			
The enclosed Articles	of Amendment and fee are so	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	FRANCISCA ROJAS			
		Name of Contact Person	<u> </u>	
	DIAZ TOWING INC			
		Firny Company		
	1750 OSCEOLA DRIVE #	Λ-3		
•		Address	·	
	WEST PALM BEACH, FL.	33409		
		City/ State and Zip Cod	e	
TAXI	ENLIGHTEN@GMAIL.COM	1		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
FRANCISCA ROJAS		561	502-7668	
Name (of Contact Person	at (561) 502-7668 Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Street Address Amendment Section Division of Corporations		
P.O.	Βοχ 6327	Clition Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)				
DIAZ TOWING INC					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s				
A. If amending name, enter the new name of the corporation:					
name must be distinguishable and contain the word "corporati" "Corp., " "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	1750 OSCEOLA DRIVE # A-3				
Principal office address MUST BE A STREET ADDRESS	WEST PALM BEACH, FL 33409				
	ALI BROWN				
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
(Matting datatess MAT DE ATOST OFFICE BOX)					
D. If amending the registered agent and/or registered office ad-					
new registered agent and/or the new registered office addre	<u>583:</u>				
Name of New Registered Agent					
tFlorida s	ureet address)				
New Registered Office Address:	, Florida				
New Registered Office Address:	, Florida				
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian					
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 + Vicc 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>ът</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes .	
_X Add	<u>\$V</u>	<u>Sally Sn</u>	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	<u></u>			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Auaen <i>aaannonai Succi</i>	additional Artics, if necessary).	cles, enter chan (Be specific)	<u>ige(s) here</u> :		
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an amendment prov	ide <u>s for</u> an exch	ange, reclassifi	cation, or cancel	lation of issued sha	ares,
provisions for implen		ndment if not co	ontained in the a	mendment itself:	-
Ciferent appolia eleler	indicate (v.21)				
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The date of each amendment(s) adoption:
Effective date if applicable: (0/9/2019 (no more than 60 days after amendment file date)
Note: 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 amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
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
Dated 10/29/20/9 Signature Refer (By a director, president or other officer – If directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)