## P20000003169

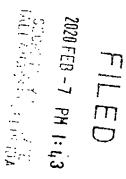
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Amend

MAR () 4 2020 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ATVARCE	É Daught	teres Towing Corp.
	ER: <u>P26000</u>	1 0	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
-	Hallanda	1 Street Address	1 33009
For further information	concerning this matter, pleas	se call:	
1, 300,00	HVanez	ar ( <u>305</u>	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Alvanez & Dougntens To	s-wing Corp.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P2.0000003169 ·	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	4127 NW 38th ter. Cape Conal FL 33993
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4127 NW 3841 Her. Cupe Conal, Fl.: 33993.
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent 4127 NW	38th ter
New Registered Office Address: Cupl CM	NAL Florida 33993 . (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	). F.S.

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	1		
		NA		
		1		
			****	-
			<del></del>	
·				
If an amendment provides for an exch	nange, reclassificatio	n, or cancellation of i	ssued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)				
(y nor applicance, material surry	N/E	+ -		
(if not applicable, indicate N/A)	- 1			
****				
-turit Parker L				

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	PT Joi	ohn Doe	
X Remove	<u>V</u> <u>M</u> :	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) <u>X</u> Change	PT	mario Alvanez	4127 NW 384117ER
Add		-	Cape ConalFL 33493
Remove			
2) Change	<del></del>		
Add			
Remove 3 ) Change			
Add		<del></del>	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			-: <del>-</del>

The date of each amendment(s) adop	tion: 03 02	1/2020	, if other than the
date this document was signed.	'	t .	
Effective date <u>if applicable</u> :			
	(no more the	an 90 days after amendment fil	e date)
Note: If the date inserted in this block document's effective date on the Depart			rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte action was not required.	d by the incorporators,	, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		The number of votes east for	the amendment( $s$ )
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for	the amendment(s) was	s/were sufficient for approval	
by		••	
<u> </u>	(voting group)	· · · · · · · · · · · · · · · · · · ·	
Dated ())	1/2020	·	
selected, b		officer – if directors or officers in the hands of a receiver, trust iary)	
···		VARE? ted name of person signing)	
•			
	Ourer	thesichent of	comparation
	(Title of person	n signing)	