## P21 000044750

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 365 TOWING CORP. DOCUMENT NUMBER: P21000044750 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANA L HERRERA Name of Contact Person Firm/ Company 13301 SW 204th St Address Miami City/ State and Zip Code anaherrera 1159@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>305</u> ) 216-6209 ANA L HERRERA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

365 TOWING CORP.	<u> </u>	
(Name of Corpo	ration as currently filed with the Florida Dept. of State)	
P21000044750		<u> </u>
	ocument Number of Corporation (if known)	·
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the follow	ving amendmer
A. If amending name, enter the new name of the	he corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp." ", "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbrevion Inc," or "Co". A professional corporation name must consider bbreviation "P.A."	ation "Corp.," tain the word
B. Enter new principal office address, if applic	table: 1370 NW 199th Street	
(Principal office address MUST BE A STREET.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	1370 NW 199th Street	
	Miami Gardens, FL 33169	
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the name of the ered office address:	
Name of New Registered Agent Ana L	Непега	
13301.5	SW 204 St	
	(Florida street address)	
New Registered Office Address: Miami	Florida 3317	7 Zip Code)
	(City)	пр Соае)
New Registered Agent's Signature, if changing	Registered Agent: ent. I am familiar with and accept the obligations of the position	)n
1 nereby accept the appointment as registered age	ent. Tum juminar with and accept the obligations of the position	•••
	Que of Herrera.	
<del></del>	Signature of New Registered Agent, if changing	

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 <math>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	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	T,S	CHARMEN BONILLA	2880 APLIN RD
Add			CRESTVIEW, FL 32539
XX Remove			
2) Change			
Add			
XX Remove 3) Change	D	CHARMEN BONILLA	2380 APLIN RD CRESTVIEW, FL 32539
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	_		
Add			
Remove			

E. <u>If amen</u> (Attach	ding or adding additional Art additional sheels, if necessary).	(Be specific)	ige(s) here:			
N/A						
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F. <u>If an ai</u> provis	mendment provides for an exc sions for implementing the am	hange, reclassifi	cation, or cancell	ation of issued sh mendment itself:	ares.	
(ij	(not applicable, indicate N/A)			_		
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The date of each amendment(s) adoption: 09/03/2021	, if other than
date this document was signed.	
Effective date if applicable: 09/03/2021	
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of direction was not required.	ectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
□ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separa	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	,"
(voting group)	
Dated 09/03/2021	
me 1 h	
Signature	
(By a director, president or other officer - if direct	ctors 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)	
GUSTAVO URRUTIA	
(Typed or printed name of per	son signing)
PRESIDENT	