## P23000049102

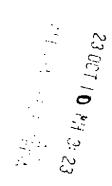
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
J. HORNE				
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## COVER LETTER

Division of Curporations 10 wing TASOH NAME OF CORPORATION: DOCUMENT NUMBER: 7 230000 49107 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Quiros Caballero Name of Contact Person Firm Company Juc 7130 Heleu 13 Dr. Address 11.1 FL . 34610 -E-mail address: (to be used for their annual report notification) For further information concerning this matter, please call: Harens Quirosa Borres at 813. 263 - 8016.
Name of Contact Person Area Code & Daytone Felephone Number Enclosed is a check for the following amount made payable to the Florida Department of state: S35 Filling Fee ■\$43.75 Filing Fee & ■\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Addicional Copy is enclosed)

## Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
The Centre of Thilahassee
2415 N. Monrot Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

TASOM TOWING INC.
(Name of Corporation & currently filed with the Florida Dept. of State)

P 23000049102. (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 TASOM TOWING TWO the new name must be distinguishable and contain the word "corporation," "company," of "incoc) orated" 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." 4693 KiRKland Ave. B. Enter new principal office address, if applicable: Spring HILL, FL 34606 (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: 4693 KiRKland Ave (Mailing address MAY BE A POST OFFICE BON) Speing Hill, FL 34606. D. If amending the registered agent and/or registered office address in Florida, entry the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Harcos Quiroga Borrego.

4693 Kirkland Ave. Spring Hill Horida 34606. 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 position

Moreo Ourg

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: F. Treasurer; S. Secretary; D. Director; FR. Tristee, 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 FTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PSF 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 John I</u>	<del>).i.c</del>	
X Remove	Y Mike .	lones .	
<u>X</u> Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
<u>Expe of Action</u> (Check One)	<u>Fitle</u>	Name	<u>Address</u>
1) Change	Prosident	Osnel Quieoga Maballer	Spring HILL FL 34610
Add			Spring HILL FL 3 4610
<u>⊀</u> Remove			
2) Change	1	· · · · · · · · · · · · · · · · · · ·	·
<b>_¥</b> _ Add			
Remove 3 ) Change	President	Marcos Quiroca Burre	Spring Hill, TL 34606
<u></u> ⊀_ Add		J	Spring Hill, TL 34606
Remove			
4) Change			
Add			
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57 Change			<del></del>
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6) Change			
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Attach additional sheets, if necessary).— iBe specifi	·)	10
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f an amendment provides for an exchange, reclas	citientian, ar cancellation of i	ssend charas
provisions for implementing the amendment if no	ot contained in the amendmen	it itself:
(if not applicable, indicate N.4)	/ ^	
N	/A ·	
74,1		-
7.70	<del></del>	

The date of each amendment(s) ac	loption: 10/05/2023	if other than the
date this document was signed.		. If which than the
Effective date <u>if applicable</u> :	10/05/2023	
	tuo more than 90 days after amendmen	(the date)
Note: If the date inserted in this bi document's effective date on the De	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)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors with	o a shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east dicient for approval.	for the umendment(s)
	roved by the shareholders through voting groups. $D$ each voting group entitled to vote separately on the	
"The number of votes east	for the amendment(s) was/were sufficient for approv	at .
by		•
, ,	(voting group)	-
Dated <i>[L</i>	1/05/2023	
Signature2	2 Silla).	
(By a di selected	rector, president or other officer - if directors or offi l, by an incorporator - if in the hands of a receiver, to ed fiduciary by that fiduciary)	cers have not been rastee, or other court
	Osnel Quiros laballoro (Typed or printed name of person signing	) .
		:1
	President: (Title of person signing)	
	(Title of person signing)	