P24000001822

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2024 JAN 30 AH II: I



COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations S. Florida Towing NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: orida Towing Services E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

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to
Articles of Incorporation

of .	FILEN
S. Florida Towing	
(Name of Corporation as currently	iled with the Florida Dept. of State)
P24000001822	
(Document Number of C	Corporation (if known) STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," or ofessional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	A\1/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	4.77
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered AgentN	
(Florida street	(address)
New Registered Office Address: \ \ \/\A	Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
N/A	
Signature of New Reg	istered 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)

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefPlease note the officer/director title by the first letter of the office title: Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.

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.

Mike Jones, V as Remove	, and Sali	у этин, эт из ин т		
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		<u>Addres</u> s
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	0 0:	
1) Change	PI	Lamo	on U. Kivera	3221 N.W 30th St Migy, Ft. 33142
X_Add				<u>May 11.031</u>
Remove		h	\ \	
2) Change			V/18	
Add				
Remove 3) Change			N/A	
Add				
Remove			N/A	
4) Change			NA	
Add				
Remove			K1/ N	
5) Change			N/ A	
Add				
Remove			N/A	
6) Change				
Add				
Remove				

(Attach addi	or adding additional . tional sheets, if necessar	y). (Be specific)			
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	ndment provides for a	- avahanga racigse	ification or cancel	lation of issued shar	·es,
nrovisio	is for implementing the	e amend <u>ment it no</u>	t contained in the	mendment itself:	
(if no	ot applicable, indicate N	74)			
K)	/ 🗘				
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		<u> </u>			

The date of each amendment(s) adoption: 1/24/2024 if other than the
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 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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 cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Dated 1 24 2004
Signature (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)
Presdent
(Title of person signing)