# P240000 50549

(Requestor's Name)			
(Address)			
(Address)			
(Audiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Hame)			
(Document Number)			
Certified Copies Certificates of Status			
Consist to sounding to the Office of			
Special Instructions to Filing Officer:			
1.110-			
J. HORNE			
J. HORNE MAY 1 6 2025			
, 0 2023			

Office Use Only



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2025 HAT 15 BALL: 18

2025 HAY 15 PM 3:

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, I	NC +
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
	400 MOT 00
Please use funds from the account: 1202100001	
<u>Authorization Signature</u> : Terre +tel	
<u>Duran Tow Truck Corp</u> P240000505	549
Business Name	#Document.
Walk in	Will wait
O UT 10 of Artistan of Organiza	*iam
Certified Copy of Articles of Organiza	tion
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of Member/MGR
LLC	Resignation of Registered Agent
Domestication	Revocation of Dissolution
INC	Conversion
CORP	Statement of Authority
LLLP	Merger
LLL	DISSOLUTION
	DISSOLO HON
OTHER ELLINGS	REGISTRATION/QUALIFICATIONS
OTHER FILINGS	REGISTRATION VOXENTEXTIONS
TRANSMITTAL LETTER	Foreign Filing
	Partnership
Fictitious Name -	Reinstatement
	Articles of CORRECTION
_ Statement of Authority	Withdraw of Authority to conduct
business	TRADEMARK
oublines.	Domestication
APOSTIL	<del></del>
COUNTRY	Other
EXAMINER'S INITIALS:	

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: DURAN TOW TR	UCK CORP			
DOCUMENT NUMBE	R: P24000050549				
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
N	OEL DURAN				
_		Name of Contact Person	1		
_	· · ·	Firm/ Company			
		Address			
!	11120 SW 196TH ST APY B310 CUTLER BAY FL 33157				
		City/ State and Zip Code	e		
<u>M</u>	IARYMORA1998@GMAII				
	E-man address. (to be us	ed for future annual report	nottrication)		
For further information of	concerning this matter, pleas	se call:			
MARIANELA MORA		786	_) 580-0298		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divisi P.O. B	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

#### Articles of Amendment to

## Articles of Incorporation of

FILED

DURAN TOW	Truck, Corp	20?	5 11 × 15 - 5 × 15 - 15
(Name of Corp	oration as currently filed w	ith the Florida Dept. of Sta	nte) 13 mill: 19
Î	224000050549		
1)	Document Number of Corpora	ition (if known)	•
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this <i>Florida I</i>	Profit Corporation adopts th	e following amendment(s) t
A. If amending name, enter the new name of	the corporation:		
TOWING DURAN CORP			The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A profess	"or "incorporated" or the cional corporation name m	abbreviation "Corp.," ust contain the word
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>		
D. If amending the registered agent and/or renew registered agent and/or the new regist		orida, enter the name of tl	<u>he</u>
	(Florida street addres	······································	<del></del>
New Registered Office Address:		. Florid	ia.
New Registered Office Address.	(City)	, 1 10110	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			position.
	, ,		
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)

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	<u>nes</u>	
X Add	<u>sv</u>	<u>Şally Sn</u>	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<u></u>		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
If an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

. .

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
date this document was signed.		
Effective date if applicable:	tno more than 90 days after amendment fi	
•	(no more than 90 days after amendment fi	le dale)
Note: If the date inserted in this blo document's effective date on the Department	k does not meet the applicable statutory filing requirtment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was were adopt action was not required.	ed by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was were adopt by the shareholders was were suffi	d by the shareholders. The number of votes cast for ient for approval	the amendment(s)
must be separately provided for ca	ed by the shareholders through voting groups. The history group entitled to vote separately on the ame	ollowing statement ndment(s):
	the amendment(s) was/were sufficient for approval	
by	/voting group)	
	coning group)	
05/14/2025		
Dated	$\overline{}$	
Signature	- July (cul.	<u></u>
(By a direct	r, president or other officer - if directors or officers	
	an incorporator – if in the hands of a receiver, truste	e, or other court
appointed is	duciary by that fiduciary)	
N.	DEL DURAN	
	(Typed or printed name of person signing)	
PRE	EIDENT	
	(Title of person signing)	····

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: DURAN TOW TR	UCK CORP	
DOCUMENT NUMB	ER: P24000050549		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
}	NOEL DURAN		
-		Name of Contact Persor	1
-		Firm/ Company	
-		Address	
-	111 <b>2</b> 0 SW 196TH ST APY B		
		City/ State and Zip Code	
l	MARYMORA 1998@GMAII		
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARIANELA MORA		at ( <u>786</u>	580-0298
Name of 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:
名 \$35 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)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303