P24000059254

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MVP TOWING & B	ECOVERY CORP.		
DOCUMENT NUMBI	P24000059254			
	f Amendment and fee are sub	mitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following.		
į	ANTOINETTE REYES			
-		Name of Contact Person		
4	ARIES INCOME TAX PREPARATION, INC.			
_		Firm/ Company		
;	8000 S ORANGE AVE, STE.			
	200 100 11 2200	Address		
-	ORLANDO, FL 32809	City/ State and Zip Code		
		City/ State and Emp Code		
	SREYES8593@GMAIL.COM	4	notification	
•	E-mail address: (to be us	ed for future annual report	nomication)	
For further information	concerning this matter, pleas	se call:		
ANTOINETTE REYE			802-4615 de & Daytime Telephone Number	
	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassec, FL 32314	Ameno Divisio The C 2415	Address Iment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

MVP TOWING & RECOVERY CORP.		
(Name of Corporation as current	tly filed with the Florida Dept. of Sta	ite)
P24000059254		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts th	e 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." "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	ibbreviation "Corp" ust contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2 0 P
C. Enter new mailing address, if applicable:	13459 GLACIER NATIONAL D	R. AP19:260
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32837	5 7 7 7 7 7 7 7 7 7 7
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:	<u>ne</u>
(Florida s	street address)	
New Registered Office Address:	, Floric	da (Zip Code)
	(City)	(21p Coae)
New Registered Agent's Signature, if changing Registered Aget I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the	e position.
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)

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 = ChiefExecutive 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 John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One)	Р	ANGEL M VELEZ	3715 BISHOP LANDING WAY
1) Change			ORLANDO, FL 32824
Add X			
Remove	Р	MIGUEL ANGEL VELEZ	13459 GLACIER NATIONAL DR
2) Change X			APT, 2607
Add Add			ORLANDO, FL 32837
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	<u> </u>
	
c Lunch municides for an ave	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) :	adoption:	, if oth	ner than the
date this document was signed.			
Effective date <u>if applicable</u> :	(no more than 9)	0 days after amendment file date)	_
Note: If the date inserted in this document's effective date on the E	block does not meet the applic Department of State's records.	cable statutory filing requirements, this date will not be l	isted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or t	board of directors without shareholder action and shareho	lder
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The sufficient for approval.	e number of votes east for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	pproved by the shareholders throor each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/we	ere sufficient for approval	
by		, "	
	(voting group)		
Dated9	1/25/24	. 	
Signature (Ry a	Might My Cela	cer – if directors or officers have not been	
select	ted, by an incorporator – if in th inted fiduciary by that fiduciary	ne hands of a receiver, trustee, or other court	
	Miquel Angel L	name of person signing)	
	(Typed of printed	name of person signing)	
	(Title of person si	igning)	