P2400066247

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(City/State/Zip/Phone #)
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(Document Number)
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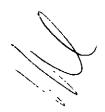
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SECRETARY OF STATE TALLAHASSEE, FL

2024 NOV 12 PH 1: 58



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: J&V 24/7 FAST TO	OWING INC			
DOCUMENT NU	MBER: P24000066297				
	les of Amendment and fee are su	bmitted for filing.			
Please return all co	rrespondence concerning this ma	tter to the following:			
	ERIKA TURCIOS				
		Name of Contact Persor	1		
	RAPID PRO SERVICES				
		Firm/ Company			
	1623 KOKOMO RD				
	Address				
	HAINES CITY FL 33844				
	City/ State and Zip Code				
	RAPIDTAXSERVICES@OUTLOOK.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informates	ntion concerning this matter, pleas		4426718		
	ne of Contact Person	at (321)		
	c for the following amount made		•		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2024 NOV 12 PM 1: 58 SECRETARY OF STATI

Articles of Amendment to Articles of Incorporation of

J&V 24/7 FAST TOWING INC

(Name of Corporation	on as currently f	iled with the Flori	da Dept. of State)	
P24000066297				
(Docum	ent Number of C	orporation (if know	rn)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Fle</i>	orida Profit Corpor	vation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
N/A				<i>Thenew</i>
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A p	npany," or "incorpo professional corpor	orated" or the abbrevi ation name must con	ation "Corp.," tain the word
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)			
				
				202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)			SECRETARY SECRETARY
<u></u>	 -			E.M.
			<u> </u>	- 主 7
				HANSEE HANSEE
D. If amending the registered agent and/or register	ed office addres	s in Florida, enter	the name of the	in S.
new registered agent and/or the new registered of	office address:			四至 5
Name of New Registered Agent N/A				<u> </u>
	(Florida street	address)		
New Registered Office Address:			, Florida	
	(C	iiy)	(2	lip Coder
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered agent.	l am familiar wit	h and accept the ob	ligations of the positio	т.
	tture of New Rev	istered Agent, if cho	unging	
			•	

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)

Remove

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	MANUEL A. JARA POBLETE	1348 BURNLEY CT
X Add			KISSIMMEE FL 34758
Remove			
2) Change			
Add			1348 BURNLEY CT ALL
X Remove 3) Change	<u>s</u>	ELIEZER N DOMINGUEZ DUART	I 348 BURNLEY CT ALLARY KISSIMMEE FL 34758 ALRAY R
Add			- <u> </u>
Remove			EE, FL
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	
	
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	是 7
	2024 NOV 12 PH 1: 59 SECRETARY OF STATE SECRETALLAHASSEE, FL
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	E .
(if not applicable, indicate N/A)	FL S9
N/A	m
	_
	······································

	11/1/2024	
The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	11/1/2024	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendnere sufficient for approval.	nent(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following stad for each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/1/2	024	. ~ <u>2</u>
Dated		SE SE
Signature	Monuel Wicente fora Vergea	TALL TALL
se	y a director, president or other officer – if directors or officers have not believed, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	SECRETARY OF STATE SECRETARY OF SE
	MANUEL VICENTE JARA VERGARA	EE, T
	(Typed or printed name of person signing)	PTE 39
	PRESIDENT	·
	(Title of person signing)	