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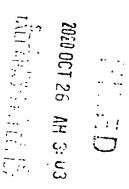
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALLIANCE TOV	WING, INC			
DOCUMENT NUMBER: P99000046576				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
JAMES H COLLIER SR				
	Name of Contact Person			
COLLIER'S ACCOUNTIN	COLLIER'S ACCOUNTING SERVICE, INC			
	Firm/ Company			
8812 SHENANDOAH LAN	NE			
	Address			
HUDSON, FL 34667-2721				
	City/ State and Zip Code			
JCOLLI58@YAHOO.COM	4			
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, ple	ease call:			
JAMES H COLLIER SR	at ( 727 ) 868-6020			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is cnclosed)  S52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

ALLIANCE TOWING, INC.	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P99000046576	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the 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," "co"" or Co.," or the designation "Corp." "Inc," or "Co" or "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"  1 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered 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 = 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LISA JONES	5328 PROVOST DRIVE
Add			HOLIDAY, FL 34690
X Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			<del>.</del>
6) Change			
Add			<del></del>
Remove			

Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	<del></del>
If an :	nendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	ions for implementing the amendment if not contained in the amendment itself:
(	not applicable, indicate N/A)
	<del></del>

• •

* * *	10/20/2020	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendmen	ı file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing reartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	ted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the c	
"The number of votes east f	or the amendment(s) was/were sufficient for approve	al
by		_,"
	(voting group)	_
10/20/2020 Dated		
selected	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tred fiduciary by that fiduciary)	
1	MICHAEL W JONES	
-	(Typed or printed name of person signing	()
5	RESIDENT	

(Title of person signing)