Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 Phone : (305)871-0889

Fax Number : (305)870-9623

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SIGMA INDUSTRIAL EQUIPMENT USA INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment

to Articles of Inco of	erporation 7
SIGMA INDUSTRIAL EQUIPM	
(Name of Corporation as currently filed with t	ne rionga Dept. of State)
P04000160009	0. ((((((((((((((((((((((((((((((((((((
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>li</u> The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	DANNY GINESTRA
	7580 NW 116th AVE
	MIAMI, FL 33178
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	1325 NW 93rd Ct Suite B101 DORAL, FL 33172

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	(Florida street a	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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
<u>VD</u>	JOSE RUDY GINESTRA	8566 NW 61 ST	
		MIAMLEL 33166	🖸 Remove
<u>D</u>	IVETTE E GINESTRA	8566 NW 61 ST	
		MIAMI FL 33166	🖸 Remove
VP	IVETTE E GINESTRA	7580 NW 116th AVE	
		MIAML FL 33178	☐ Remove
provis	mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A)		
	١.		

The date of each amendment	
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	te approved by the shareholders through voting groups. The following statement of 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	ņ
-,	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
Dated 05/	17/2012
(B)	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JOSE RUDY GINESTRA
	(Typed or printed name of person signing)
	VD
	(Title of person signing)

7.