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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Lift Parts of South Florida Inc. DOCUMENT NUMBER: PO800063820					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Marion Arce Name of Contact Person					
Firm/ Company					
8165 N36 Are #1					
Address					
Hialeah Fl. 33018.					
City/ State and Zip Code					
Meylingae amail com E-mail address: (tobe used for future annual report notification)					
E-mail address: (tobbe used for future annual report notification)					
For further information concerning this matter, please call:					
Meyling Avce at 305 345-1354 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Inco	rporation
Lift Parts of South Flor	rda Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P08000063820	
(Document Number of	Corporation (it known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Lift Parts & Export Inc.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "F	20". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	8165 W310 Avc #1 Hialeuh, Fl. 33018
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	8165 W 36 Ave #1 Huleah, Fl. 33018
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stre	et address)
New Registered Office Address: V A	, Florida
Į,	The property of the property o

New Registered Office Address:

(City)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam 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)

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change	NA	
Add		
Remove		
3) Change	N/A	
Add		
Remove		
4) Change	NIA	
Add		
Remove		
5) Change	N/A.	-
Add		
Remove		
6) Change	N/A.	
Add		
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).		N/A	
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If an amendment provides for an exch	ange, reclassification	ı, or cancellation of issued shares	<u>.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ned in the amendment itself:	
	NIA.		
			
	·····		

The date of each amendment(s) adoption:	N/A.	, if other than the
date this document was signed. Effective date if applicable: (r	no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block does not r document's effective date on the Department of Sta		equirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr		for the amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro		
"The number of votes cast for the amendm	nent(s) was/were sufficient for approv	al
by	N/A	``
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action	and shareholder
	nt or other officer – if directors or offorator – if in the hands of a receiver, to that fiducians	
	• •	
Mar (Tyr	100 Arce ped or printed name of person signing	<u>'</u>
_	Sident. (Title of person signing)	