F81980

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FALICON CRAN	KSHAFT COMPONE	NTS. INC.
DOCUMENT NUMI			
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	DENISE N. MURPHY, ESQ	QUIRE	
		Name of Contact I	Person
	DENISE N. MURPHY, P.A.	•	
		Firm/ Compar	<u>y</u>
	531 MAIN STREET, SUITE	E F	
		Address	
	SAFETY HARBOR, FLORI	IDA 34695	
		City/ State and Zip	Code
For further information	E-mail address: (to be u		eport notification)
DENISE N. MURPH	Y. ESQUIRE	at (725-8101
Name	of Contact Person	ar (Are	a Code & Daytime Telephone Number
Enclosed is a check fe	or the following amount made	payable to the Florida	Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fed Certified Copy (Additional copy enclosed)	Certificate of Status
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314		mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FALICON CRANKSHAFT COMPONENTS, INC.

(Name of Corporation as	currently filed with the l	Horida Dept. of State)
F81980		
(Document N	Number of Corporation (if	known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	utes, this <i>Florida Profit Co</i>	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:	
CREATIVE MACHINE WORKS, INC.		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "h word "chartered," "professional association," or the abbre	nc," or "Co". A professi	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		he 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 Doc, 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>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		<u>-</u>	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
		-
		-
	· · · · · · · · · · · · · · · · · · ·	

	, -	-
If an amendment provides for an exch	ange, reclassification, or cancellation of issued sh	ares.
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
· · · · · · ·	,	
		<u> </u>

	October 31, 2018	
The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	ovember 1, 2018	
Effective date ir applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this drtment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment cient for approval.	(s)
	ved by the shareholders through voting groups. The following statem ch voting group entitled to vote separately on the amendment(s):	ient
	the amendment(s) was/were sufficient for approval	
bv	(voting group)	
···	(voting group)	
action was not required.	ed by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	ler
October 31, 20	010	
Dated		
	<i></i>	
Signature		
	cor, president of other officer – if directors or officers have not been	<u> </u>
	by an incorporator - if in the hands of a receiver, trustee, or other cou	
appointed	fiduciary by that fiduciary)	
G	lenn L. Salpaka	
	(Typed or printed name of person signing)	
Pr	resident	
_	(Title of person signing)	

. . . .