P000000001378

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(Ac	ldress)	
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Amina Mina Maria M

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Composite	Motors, Inc.			
DOCUMENT NUMBER: P0000091378					
	of Amendment and fee are sul				
Please return all corres	pondence concerning this mat	ter to the following:			
	Jill Jones				
		Name of Contact Person	1		
	Composite Motor	s, Inc.			
	·	Firm/ Company			
	15446 Flight Path	Drive			
•		Address			
	Brooksville, FL 34	1604			
•		City/ State and Zip Code			
iill id	ones@cmi-south.	com			
<u>,,</u>		ed for future annual report	notification)		
		·			
For further information	concerning this matter, pleas	e call:			
Jill Jones		at (352	467-9192		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Cópy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation

	of			* M.
Composite Motors, Inc				1 1/3/
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		
P00000091378				
(Documer	nt Number of Corporation (if I	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fa	lorida Profit Corporation	adopts the following	; amendment(s) t
A. If amending name, enter the new na	ıme of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corp	rporated" or the ab	breviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		NA		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> o		NA		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the n	ame of the	
Name of New Registered Agent		la Dadi ca		
	15446 Flight Patl			
	Brooksville	•	34604	
New Registered Office Address:	(City)	, Flori	da 34604 (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar wi	th and accept the obligati	ons 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VD	_	Jill C Jones (formerly Shedd)	15446 Flight Path Drive
Add				Brooksville, FL 34604
Remove				
2) Change				
		_		
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		-		
Remove				

E. <u>If ame</u> (Attacl	ending or adding additional Artic h additional sheets, if necessary).	les, enter change((Be specific)	s) here:		
N	A				
	11.3	· · · · · · · · · · · · · · · · · · ·			,
	·				
. <u>If an</u>	amendment provides for an excha	nge, reclassificati	on, or cancellatio	n of issued shares,	
<u>prov</u> (isions for implementing the amen (if not applicable, indicate N/A)	dment if not conts	ined in the amen	dment itself:	
	ul A		-		
	V			,	

The date of each amendment(s) a date this document was signed.	doption: Julie 9, 2014	, if other than the
Effective date if applicable:		
Effective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
_{Dated} July 28	. 2014	
Dated	VIO I STAIL 1	
Signature	10000000000000000000000000000000000000	
(By a-e	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	Robert Jones	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_