P02000129440

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	SOUTH DADE FORKLIFT CORPORATION						
DOCUMENT NU	MBER:		P02000129440					
The enclosed Artic	les of Amendmen	t and fee are su	ıbmitted	for filing	•			
Please return all co	rrespondence con-	cerning this ma	atter to th	e followi	ng:			
		MA	YTE LO	DE7				
-			of Contact			· · · · · · · · · · · · · · · · · ·		
		, valle		, 0.22.				
SOUTHDADE FORKLIFT CORP								
·	•	Fi	rm/ Compa	any				
8125 WEST 20TH AVENUE								
Address								
•								
•		HIALEAH,	FLOR	IDA 330	14			
City/ State and Zip Code								
•								
	P mod oddaa	mayte@south	dadefor	klift.com	ostification\	 		
	E-man addres	ss: (to be used for	iuture ann	iuai report i	iotification)			
For further informa	ation concerning t	his matter, plea	ise call:					
	MAYTE LOPEZ	•	at (305	8	23-4626		
Name of Contact Person			_ 4: (lephone Number		
Enclosed is a check	k for the following	g amount made	payable	to the Flo	orida Depar	tment of State:		
\$35 Filing Fee	✓ \$43.75 Filing Certificate of		Certif	5 Filing Fee ied Copy ional copy	e & is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is	enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Street Address Amendment Section Division of Corporations Clifton Building					
Tallahassee, FL 32314			2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

SOUTH DADE FORKLIFT CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000129440

(Document Number of Corporation (if known)

		, TI
tain the word "corp or the designation "Co	oration," "compan orp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		, enter the name of the
SAME		
(Flori	du street address)	· ——
1		
	tain the word "corp or the designation "Co" "professional associa if applicable: TREET ADDRESS) cable: OFFICE BOX d/or registered office y registered office add	cable: OFFICE BOX) d/or registered office address in Florida. v registered office address: SAME

- 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: .(Åttach additional sheets, if necessary) Title Name Address Type of Action **NO CHANGES** ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) **NO CHANGES** F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) STOCK OWNERSHIP: MICHEL LOPEZ 50% SHARES MAYTE LOPEZ 50% SHARES

t(s) adoption: JUNE 1, 2010
JUNE 1, 2010 (date of adoption is required)
(no more than 90 days after amendment file date)
(CHECK ONE)
ere adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
are approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):
cast for the amendment(s) was/were sufficient for approval
(voting group)
re adopted by the board of directors without shareholder action and shareholder
re adopted by the incorporators without shareholder action and shareholder
2010
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 ointed fiduciary by that fiduciary)
MICHEL LOPEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)