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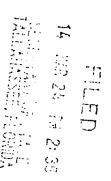
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MAR 25 2014

R. WHITE

COVER LETTER

Division of Corporations NAME OF CORPORATION: COMMERCIAL TRUCK SALES & EXPORT NC. PO4000102027 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person DEVARY TRUCK 9/ 2081 CHREHAVEN PT

Address

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: uss at (407) 4746762 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) 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 of

FMLED 14 M8 24 7H 2: 35

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

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

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

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

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

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation rd "chartered," "professional association,"	"Corp," "Inc," or "Co"	. A profession	r "incorpor aal corporat	ated" or the a ion name must
Enter new principal office address, if apprincipal office address MUST BE A STREE				
	_			
Enter new mailing address, if applicable:	_			,
(Mailing address MAY BE A POST OFFIC	<u>CE BOX</u>)			
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)			
		in Florida, ent	er the name	of the
If amending the registered agent and/or r	egistered office address	in Florida, ent	er the name	e of the
If amending the registered agent and/or r	egistered office address stered office address:			e of the
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address stered office address:			e of the
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address stered office address: (Florida street a			

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or l s, if neces irector tit Presiden = Chief er, Direct d in the fa aves the c	Director being sary) le by the first le it; T≈ Treasure Financial Offic or would be PT ollowing manne corporation, Sa	added: etter of the office title: r; S= Secretary; D= Director, er. If an officer/director hold TD. r, Currently John Doe is listed tly Smith is named the V and S	; TR≈ Trustee, Is more than on I as the PST ar	or being removed and title, name, and C = Chairman or Clerk; CEO = Chief ne title, list the first letter of each office ad Mike Jones is listed as the V. There is be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>ne</u>	Ado	dress
1) Change	\mathcal{I}		AROLINA D. RUS	50 <u>2</u>	NGWOOD R 32779
Remove			,		
2) Change	T		MINIEL E RUS	50 2	USU CAKEHAUEN PT
Add Remove				——————————————————————————————————————	<u> </u>
3) Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Remove					
4) Change					
Remove 5) Change					
Add					
Remove 6) Change					
Add					
L Komove					

	ng or adding ac ditional sheets, i	if necessary).	(Be specific)			
<u>. </u>						
						-
						
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<u>f an amer</u> provision	<u>ndment provide</u> s for implemen	<u>es for an exch:</u> nting the amer	ange, reclassif	cation, or cance	ellation of issue amendment its	<u>d shares,</u> elf:
(if no	ot applicable, in	dicate N/A)	idinent it not c	ontained in the	unicitation its	<u> </u>
·						
			<u>.</u>	- 101		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/19/14 Signature Mulu Mu	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MELANE MIGHO	
(Typed or printed name of person signing)	
V.P.	
(Title of person signing)	