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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAKESHOR	RE MECHANIC	S, INC.
DOCUMENT NUMBER: P0400012099		
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
MARTHA FUENT	TES	
	Name of Contact Person	n .
LAKESHORE ME	ECHANICS, INC	·
	Firm/ Company	
1697 SW 22 TER	RR	
	Address	
OKEECHOBEE,	FL 34974	
	City/ State and Zip Cod	e
PITRIN@AOL.COM		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MARTHA FUENTES	_{at (} 863	634-7662
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certified Copy (Additional copy 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 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

LAKESHORE MECHANICS, INC.			
(Name of Corporation as currently filed wi	th the Florida Dept. of State	<u>e</u>)	-
P04000120991			
(Document Number of Corpo	ration (if known)		-
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this <i>Florida Profit Corpo</i>	pration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corpora	tion:	,	
		, , , , , , , , , , , , , , , , , , ,	_The new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inword "chartered," "professional association," or the abbreviation.	c," or "Co". A professiona		
B. Enter new principal office address, if applicable:		#"	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>	()	Ā	i Pagasan
			2
		yest.	
C. Enter new mailing address, if applicable:			29
(Mailing address MAY BE A POST OFFICE BOX)		· [1]5	
		10.5	£-
		ID.	=
	,	*	. 01
D. If amending the registered agent and/or registered off		r the name of the	
new registered agent and/or the new registered office	audress:		
Name of New Registered Agent			
(Fi	orida street address)		
New Registered Office Address:		, Florida	-
	(City)	(Zip Code)	
	,	•	
N. D. Jatan d A. and J. Simotone if showing Designation	d Agants		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fi	amiliar with and accept the o	bligations of the position.	
Signature of New Reg	istered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change	P	MERLIN G LOPEZ	1697 SW 22nd Terr
Add Remove			Okeechobee, FL 34974
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		 	
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·
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)
The present amendment does not provide for an exchange,
reclassification or cancellation of issued shares. The reason of
the amendment is only to provide the correct name of the President
The corporation was originally filed with the middle name of the
President instead of the first name. In addition, his address has
also changed.

The date of each amendment(s) adoption: May 17, 2012		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
_{Dated} May 1	7, 2012	
Signature	Suir file	
(By select	drector president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARTHA FUENTES	
	(Typed or printed name of person signing)	
•	VICE-PRESIDENT	
	(Title of person signing)	