P05000012954

(Red	juestor's Name)	
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	Iress)	
(Add	11633)	
(City	/State/Zip/Phone	e#)
		
PICK-UP	WAIT	MAIL
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Special Instructions to F	iling Officer	
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12 JAN -9 PM 3: 26

Amend Theus 1-11-12

COVER LETTER

TO: Amendment Section
Division of Corporations
•

NAME OF CORPORA	ATION: Currican T	ruck Equipment	Corp.	
DOCUMENT NUMBI	R: P0500001295	54		
	f Amendment and fee are so			
Please return all corresp	ondence concerning this ma	atter to the following:		
		Reinaldo lopez		
	 	Name of Contact Person	1	
	Currica	n Truck Equipme	ent Corp.	
		Firm/ Company		
	1	6304 SW 103 C	T	
***		Address		
	MIAMI, FL 33157			
		City/ State and Zip Cod	9	
	Reni	er.lopez@yahoo	.com	
-		sed for future annual report		
For further information of	concerning this matter, plea	se call:		
REINALDO LO	OPEZ	_{at (} 786	344-4221	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy opy	
			is enclosed)	
	ng Address Iment Section	· · · · · · · · · · · · · · · · · · ·	Address ment Section	
	on of Corporations	Division of Corporations		
P.O. Box 6327		Clifton Building		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

12 JAN -9 PM 3: 26

CURRICAN TRUCK EQUIPMENT CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P05000012954

TRULANDASSEE FLANDA

ent(s) to

1 000			
(Document Number	r of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Flori</i>	da Profit Corporation ad	opts the following amendn
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact	orp," "Inc," or "Co".	A professional corpora	
B. Enter new principal office address, if applica	ıble:		<u> </u>
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
		 	
			
C. Enter new mailing address, if applicable:	DOM		
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	· · · · · · · · · · · · · · · · · · ·	
	_		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or regis	stared office address i	Floride enter the new	• of the
new registered agent and/or the new register		(Piverian, enter the nam	e or the
Name of New Registered Agent			
	(Florida street ad	dress)	
New Registered Office Address:		Florida	
New Registerea Office Adaress.	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent:	nd accept the obligations	of the position
very accept the appointment as registered agen		m accept the consumons	oj ine posmon
Signature of	New Registered Agent,	if changing	
oignam c of	INDIDICION MEDICAL	7 VINITE 1116	

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 <math>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> <u>J</u>	ohn Doe		
X Remove	<u>V</u> <u>N</u>	like Jones		
X Add	<u>sv</u> <u>s</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change Add Remove	<u>v</u>	MAYDA CRUZ	16304 SW 103 CT MIAMI , FL 33157	
2) Change Add Remove	<u>s</u>	MAYDA CRUZ	16304 SW 103 CT MIAMI, FL 33157	
3) Change Add Remove				
4) Change Add Remove	***************************************			
5) Change Add Remove				
6) Change Add Remove				

ttach additional sheets, if n	ecessary). (Be sp	ter change(s) here: pecific)		
				
		· · · · · · · · · · · · · · · · · · ·	- 1	
			·	
an amendment provides for implementing (if not applicable, indica	g the amendment	classification, or ca if not contained in N/A	ncellation of issued the amendment itse	shares. f:
	***************************************			······

The date of each amendment(s)	adoption: 01/05/2012
Effective date if applicable:	01/06/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	opproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(10
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_01/06	3/12
Signature	A
(By a select	director, 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 nted fiduciary by that fiduciary)
	REINALDO LOPEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)