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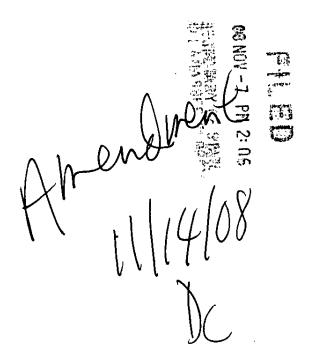
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PRO-PARTS & EQUIPMENT, INC.					
DOCUMENT NUMBER: PO	5000038	391			
The enclosed Articles of Amenda	nent and fee a	re submitted	for filing.		
Please return all correspondence	concerning thi	s matter to th	ne following:		
		'AN NARANJ			
	(Name o	of Contact Pers	on)		
		INTING & TA	K SERVICES	····	
	(Fir	m/ Company)			
	8810 FONT	AINEBLEAU E	3LVD. # 216		
	•	(Address)			
************************	 	AMI, FL. 331 tate and Zip Co	 		
For further information concerning	ng this matter,	please call:			
DANIEL NEAL			786) <u>351 87</u>		
(Name of Contact Person	on)	(,	Area Code & Dayti	me Telephone Number)	
Enclosed is a check for the follow	ving amount m	nade payable	to the Florida D	Department of State:	
✓ \$35 Filing Fee S 43.75 Fil Certificat	ting Fee & e of Status	Certif (Addi	5 Filing Fee & fied Copy tional copy is osed)	\$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		Amend Divisio Clifton	Address ment Section n of Corporation Building xecutive Center		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	S & EQUIPN		E
(Name of Corporation as cur	rently filed with	the Florida Dept. of St	<u>iate</u>)
P0	5000038391		
(Document N	umber of Corpora	tion (if known)	_
Pursuant to the provisions of section 607.16 ollowing amendment(s) to its Articles of Inc.		utes, this <i>Florida Profi</i>	t Corporation adopts the
. If amending name, enter the new name	of the corporation	on:	
N/A		2 41	27 44 27
The new name must be distinguishable 'incorporated" or the abbreviation "Corp., 'Co". A professional corporation na issociation," or the abbreviation "P.A."	," "Inc.," or Co	o.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if a	nnlicable:	N/A	
Principal office address <u>MUST BE A STRI</u>			3 8

Enter new mailing address, if applicab		N/A	
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX	IN/A	
			S S
			**!
. If amending the registered agent and/o new registered agent and/or the new re			nter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	(Flo	rida street address)	mades
	N/A		, Florida
		(City)	(Zip Code)
Now Dogistanad Agant's Signature if show	aina Dogistaved	Å crants	
lew Registered Agent's Signature, if chan hereby accept the appointment as register			ept the obligations of the
osition.		•	

N/A
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)

Title Address **Type of Action Name** VP CARMEN C. PEREZ 289 FERN WAY ☑ Add 📮 Add ☐ Remove _____ 🗖 Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A 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) N/A

The date of each amendment(s) adoption: NOVEMBER 01, 2008			
Effective date if applicable:	N/A		
<u></u>	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
	are approved by the shareholders through voting groups. The following statement and 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)		
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder		
-	EMBER 01, 2008 Xinil Med		
Signature _	a director, president or other officer – if directors or officers have not been		
sele	ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	DANIEL J. NEAL		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		