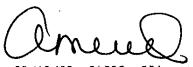
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	Requestor's Name)
. ((Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mastech Wh	eels Express, Inc.
DOCUMENT NUMBER: P050000736	97
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
	am Rosales Contact Person)
(Ivalie of C	(Contact Ferson)
(Firm/	(Company)
	N 13 ST Bay 19 ddress)
	ral Fl 33172
(City/ State For further information concerning this matter, pl	e and Zip Code) ease call:
William Rosales (Name of Contact Person)	at (at (
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

F 2000	ILED
TALLAHASSA	

Mastech Whee		ess, Inc	ANASSE ST. ST.
(Name of Corporation as currently	filed with t	he Florida Dept. of	State)
P05000			-
(Document Number of	of Corporati	on (if known)	
ursuant to the provisions of section 607.1006, Floollowing amendment(s) to its Articles of Incorporat If amending name, enter the new name of the	ion:		ofit Corporation adopt
It amending name, enter the new hame of the	corporation	<u>u.</u>	
The new name must be distinguishable and concerporated" or the abbreviation "Corp.," "Inc Co". A professional corporation name mussociation," or the abbreviation "P.A."	.," or Co.,	," or the designation	on "Corp," "Inc," or
B. Enter new principal office address, if applicab		9336 NW 13 ST B	ay 19
Principal office address <u>MUST BE A STREET AL</u>	<u>)DRESS</u>)	Doral FL 33172	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	10X)	9336 NW 13 ST Ba	y 19
		Doral FL 33172	
 If amending the registered agent and/or registered agent and/or the new registered 			, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flow	ida street address)	
ivew Registered Office Address.	(1.1011	ida sireet daaress)	
			Florida
		(City)	, Florida (Zip Code)

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)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	Torono, Rosa V	201 Alhambra Cir Ste 700 Coral Gables FL 33134	
	<u> </u>		
Remove	dditional sheets, if necessary). (Be sp		4
provisi	nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A)		
***	,		

Ťh	e date of each amendmen	t(s) adoption: February 13, 2009
Efi	fective date <u>if applicable</u> :	February 13, 2009
		(no more than 90 days after amendment file date)
Ad	loption of Amendment(s)	(CHECK ONE)
		ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
		ere approved by the shareholders through voting groups. The following statement ed 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	51
	•	(voting group)
<u>_</u>	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
	Dated Febr	ruary 13, 2009
	Signature _	
	sel	y 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 pointed fiduciary by that fiduciary)
		Milliam Rosales
		(Typed or printed name of person signing)
		President.
		(Title of person signing)