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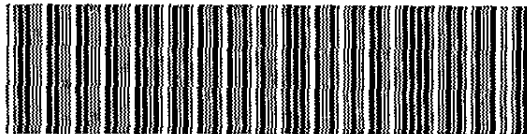
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*June Chazze*

B. CONNELL FEB 07 2007

# Mateer Harbert

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JAMES B. BOGNER  
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PLEASE REPLY TO: ORLANDO

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DIRECT LINE  
(407) 418-1313 EXT. 113

January 25, 2007

Secretary of State  
Division of Corporations  
Bureau of Corporate Records  
409 East Gaines Street  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

Re: Truecraft Builders, Inc.

Dear Sir or Madam::

I am enclosing herein original and one copy of Articles of Amendment, together with our filing fee check in the amount of \$35.00. Please return the copy to me in the envelope provided indicating the date in which the Amendment was filed.

Your assistance in this matter is appreciated.

Very truly yours,

  
LAWRENCE J. PHALIN

LJP:dh  
Enclosure

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
TRUCRAFT BUILDERS, INC.

FILED  
FEB - 5 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Article 607.1001, Florida Statutes, the Articles of Incorporation of the above-named Corporation are amended as follows:

1. Article I is amended to read as follows:

The name of this corporation is TRUCRAFT BUILDERS, INC.

2. The above amendment has been adopted by the directors and shareholders of the Corporation entitled to vote thereon at a special meeting of the directors and shareholders held January 31, 2007, pursuant to Section 607.1003, as required by the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned President of the Corporation has executed these Articles of Amendment this 31 day of January, 2007.

WITNESSES

TRUCRAFT BUILDERS, INC.

Deborah J. Burkett

By: [Signature]  
ROY L. BURKETT, President

Rebecca S. Ritchey

STATE OF FLORIDA  
COUNTY OF Orange

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of January, 2007, by ROY L. BURKETT, as President of TRUCRAFT BUILDERS, INC., a Florida corporation, on behalf of the corporation. He is ☐ personally known to me or produced \_\_\_\_\_ (type of identification) as identification.

Notary Seal

[Signature]  
Notary Public - State of Florida  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
