P07000024627

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	ORPORA	TION: ATLANTIC FORK	LIFT & PAR	rs, inc.	
		R:			
The enclosed A	rticles of	Amendment and fee are su	bmitted for fili	ng.	
Please return al	ll co rre spo	ondence concerning this ma	tter to the follo	wing:	
	RO	OBIN JARAMILLO			
			Name of Co	ntact Person	1
	A´	LANTIC FORKLIFT & P	ARTS, INC.		
				Company	
	10	15 S.E. 9TH CT.		 	
	_		Ad	dress	
	н	ALEAH, FL 33010			
			City/ State	and Zip Code	8
	in	fo@atlanticforklifts.com			
		E-mail address: (to be us	ed for future a	nnual report	notification)
For further info	ormation c	oncerning this matter, pleas	se call:		
ROBIN JARA	MILLO		at i	305	885-1490
Name of Contact Person					de & Daytime Telephone Number
Enclosed is a c	heck for th	he following amount made	payable to the	Florida Depa	artment of State:
■ \$35 Filing	Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Сору	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address				Address	
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					Iment Section on of Corporations
					entre of Tallahassee
			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ATL	ANTIC	FORKI	JFT &	PARTS,	INC.
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(Nome of Composition as aurent	he filed with the Floride Bent of State)
(<u>Name of Corporation as current</u> P07000024627	ly filed with the Florida Dept. of State)
	of Companies (if Image)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
The same and the saddress if anniholds	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
and the second second and the second and the second according to the second second second second second second	luces in Florida, antau the name of the
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
-	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	. Florida
TOW NEGISTER Office Have too.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Cimatura of Man I	Registered Agent, if changing
Signature of New F	rekmeren ukeur il cumikuik
Check if applicable	

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	VP	CECILIA JARAMILLO	5500 SW 87 ST
Add			MIAMI, FL 33143
Remove			
2) X Change	CFO	DANIEL P. JARAMILLO	1015 SE 9TH CT
Add			HIALEAH, FL 33010
Remove 3) Change			
Add			
Remove			
4) Change			··
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

). (Be specific)
	<u></u>
on amondment provides for an ex-	rehance reclassification or cancellation of issued shares.
an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
rovisions for implementing the an	mendment if not contained in the amendment itself:
an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
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	01/01/2022	
The date of each a	mendment(s) adoption:	, if other than th
date this document		
	01/01/2022	
Effective date <u>if ap</u>		
<u></u>	(no more than 90 days after amendment file date)	
	nserted in this block does not meet the applicable statutory filing requirements, this date date on the Department of State's records.	e will not be listed as the
Adoption of Amen	dment(s) (CHECK ONE)	
The amendment action was not re	(s) was/were adopted by the incorporators, or board of directors without shareholder actio equired.	n and shareholder
	(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s ders was/were sufficient for approval.)
must be separat	(s) was/were approved by the shareholders through voting groups. The following stateme ely provided for each voting group entitled to vote separately on the amendment(s):	nt
"I he numi	per of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
E	Oated	
S	ignature // /////	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	ı
	ROBIN JARAMILLO	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	