## P0100093551

| (Re                     | questor's Name)   |             |
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| . (Ad                   | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL.       |
| (Bu                     | siness Entity Nar | ne)         |
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SECRETARY OF STATE

TALLAHASSES FLORIDA

Amend CC Mame Chis

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: FORCE FLOW, Inc.                                                                                                                                      |
| DOCUMENT NUMBER: P0 70000 93551                                                                                                                                            |
| The enclosed Articles of Amendment and fee are submitted for filing.                                                                                                       |
| Please return all correspondence concerning this matter to the following:                                                                                                  |
| Jonathan Montesino                                                                                                                                                         |
| Name of Contact Person                                                                                                                                                     |
| FORCE Flow, Inc.                                                                                                                                                           |
| Firm/ Company                                                                                                                                                              |
| 27403 SW 157 AVE                                                                                                                                                           |
| Address                                                                                                                                                                    |
| Homestead, FL 33031                                                                                                                                                        |
| City/ State and Zip Code                                                                                                                                                   |
| FASTAZFUK @ hotmail.com                                                                                                                                                    |
| E-mail address: (to be used for future annual report notification)                                                                                                         |
| For further information concerning this matter, please call:    Jonathan Montesino   at (786)   367-6908     Name of Contact Person   Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State:                                                                              |
| □ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)                    |
| Mailing Address Street Address                                                                                                                                             |
| Amendment Section Amendment Section                                                                                                                                        |
| Division of Corporations  Division of Corporations                                                                                                                         |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle                                                                                          |
| rananassee, 112 32317 2001 Executive Center Circle                                                                                                                         |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| FORCE Flow, FAC.                                                                                                                                                                                                                                                                                                 |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State)                                                                                                                                                                                                                                         |  |  |  |
| P070000 93551                                                                                                                                                                                                                                                                                                    |  |  |  |
| (Document Number of Corporation (if known)                                                                                                                                                                                                                                                                       |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followamendment(s) to its Articles of Incorporation:                                                                                                                                         |  |  |  |
| A. If amending name, enter the new name of the corporation:  POWER STROKE SPECIALIST, Fuc.  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the                                                                                                         |  |  |  |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |  |  |  |
| B. Enter new principal office address, if applicable: 27403 SW 157 Ave                                                                                                                                                                                                                                           |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS) Homestead, R 3303/                                                                                                                                                                                                                                           |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Homestlad, R. 33031                                                                                                                                                                                                     |  |  |  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:                                                                                                                                            |  |  |  |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                    |  |  |  |
| New Registered Office Address: (Florida street address)                                                                                                                                                                                                                                                          |  |  |  |
| , Florida<br>(City) (Zip Code)                                                                                                                                                                                                                                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                  |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.                                                                                                                             |  |  |  |
| 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>     | <u>Name</u>                      | Address                                                                | Type of Action                        |
|------------------|----------------------------------|------------------------------------------------------------------------|---------------------------------------|
|                  |                                  |                                                                        |                                       |
|                  |                                  |                                                                        | ☐ Add ☐ Remove                        |
|                  | <del></del>                      |                                                                        |                                       |
| (attach ad       | dditional sheets, if necessary). | (Be specific)                                                          |                                       |
|                  |                                  |                                                                        |                                       |
| <u>provisi</u> c |                                  | ange, reclassification, or cancellad diment if not contained in the am |                                       |
|                  |                                  |                                                                        |                                       |
|                  |                                  |                                                                        | · · · · · · · · · · · · · · · · · · · |
|                  |                                  |                                                                        |                                       |

| The date of each amendment(s) adoption: ////8/2010 |                                                                                                                                                                                                       |  |  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Effective date if applicable:                      | (date, of adoption is required)                                                                                                                                                                       |  |  |
| <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/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.                                                                                            |  |  |
|                                                    | re approved by the shareholders through voting groups. The following statement of 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.   | re adopted by the board of directors without shareholder action and shareholder                                                                                                                       |  |  |
| The amendment(s) was/we action was not required.   | re adopted by the incorporators without shareholder action and shareholder                                                                                                                            |  |  |
| Dated                                              | 11/18/2010                                                                                                                                                                                            |  |  |
| sele                                               | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |  |  |
|                                                    | Jonathan Montesino.                                                                                                                                                                                   |  |  |
|                                                    | (Typed or printed name of person signing)                                                                                                                                                             |  |  |
|                                                    | PRESIDENT.                                                                                                                                                                                            |  |  |
|                                                    | (Title of person signing)                                                                                                                                                                             |  |  |