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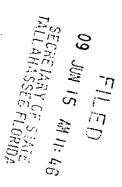
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Paramer at (127) 548-4400

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 ☐ \$43.75 Filing Fee & **■\$43.75** Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Street Address Mailing Address Amendment Section Amendment Section Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Captain 5	Load Supplie	is, Inc	
(Name of Corporation as curr	ently filed with the Florida	a Dept. of State)	
P0800	00009361		
	nber of Corporation (if known	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this FI	orida Profit Corporation adop	pts the following
A. If amending name, enter the new name o	f the corporation:		
	N/A		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	," or "Co". A professional co	d" or the orporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>CE BOX</u>)		- - -
D. <u>If amending the registered agent and/or new registered agent and/or the new regi</u>		1 Florida, enter the name of t	<u>he</u>
Name of New Registered Agent:	^	<u>// A</u>	
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent: agent. I am familiar with a	nd accept the obligations of the	e position.
	Signature of New Registered	l Agent, if changing	

Page 1 of 3

To the state of th

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
<u>vp</u>	MAHMOUD A. Abdelkoder	1104 Oakview Ave Clearwater FI 33756	Add Remove
			_
			_
	ing or adding additional Articles, ente ditional sheets, if necessary). (Be spec		u/A
provision	endment provides for an exchange, rens for implementing the amendment if tapplicable, indicate N/A)		
			N/A

The date of each amendment(s)	adoption:(o-10-09	
Effective date <u>if applicable</u> :	(date of add	ption is required)	6-10-09
Enective date <u>n applicable.</u> (n	o more than 90 days after at	nendment file date)	<u> </u>
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. sufficient for approval.	The number of vote	s cast for the amendment(s)
The amendment(s) was/were a must be separately provided for			
"The number of votes cas	t for the amendment(s) was/	were sufficient for a	pproval
by		,,,	
(ve	oting group)		
The amendment(s) was/were a action was not required.	dopted by the board of direc	tors without shareho	lder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators	without shareholder	action and shareholder
Dated	110/09	_	
	frector, president or other or		
	d, by an incorporator – if in ted fiduciary by that fiduciary		er, trustee, or other court
-	Abdela a (Typed or printed	name of person sign	delkoder
		President	
	(Title of person signif	g)	