Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000152422 3)))



H110001524223ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Fax Number

: (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

TI JUN -8 AM 8: 16 SECRETARY OF STATE ALLAHASSEE, FLORID

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTH FLORIDA TRAILERS MANUFACTURERS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

6 Help ///

Articles of Amendment to Articles of Incorporation of

SOUTH FLORIDA TRAILERS MANUFACTURERS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11	000021111		1. /
	ber of Corporation (if known	1)	interpresent to remark to
Pursuant to the provisions of section 607.100e amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flor	ida Profit Corporation add	opts the following
A. If amending name, enter the new name of	f the corporation:		
name must be distinguishable and contain a abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,"	or "Co". A professional of	The new ed" or the corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) —			JUH-8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFF)			OF STATE
D. <u>If amending the registered agent and/or received agent and/or the new registered agent and/or the new registered</u>		lorida, enter the name of t	<u>the</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	ress)	·
	(City)	, Florida, Florida	
New Registered Agent's Signature, if changing in the second in the secon	g Registered Agent:		e position.
	ignature of New Registered A	gent, 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
P,S, D	MARILYN TORRES	280 NW 79 ST MIAMI, FL, 33150	☐ Add ☐ Remove
			☐ Remove
,			
provisio	nendment provides for an exchange, remains for implementing the amendment if of applicable, indicate N/A)	classification, or cancellation not contained in the amend	ı of issued shares. ment itself:
			, , , , , , , , , , , , , , , , , , , ,
			
<u> </u>	and the second s		. 4.1 k .

The date of each amendment(s) adoption: June 6, 2011
Effective date if applicable:	June 6, 2011 June 6, 2011
Name of the second seco	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	c adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	n .
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_June Signature	Shuban
(By a	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
appoi	med nouclary by that nuclary)
	DAMARIS GASPAR
	(Typed or printed name of person signing)
	TREASURER / DIRECTOR
	(Title of person signing)