P1200067976

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED

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SCORETARY OF STATE
FALLAHASSEE, FLORIDA



23586 Calabasas Rd, Suite 102 Calabasas, CA 91302 Toll-Free* 888-692-6778 | Fax: 818-879-8005 Email customerservice@mycorporation.com

September 4, 2012

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: ARTICLES OF AMENDMENT: Adomani, Inc.

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
23586 Calabasas Road, Suite 102
Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 888-692-6771.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ADOMANI,	, INC.	
DOCUMENT NU	лмвек: <u>Р12000067976</u>	<u> </u>	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		st Formation Filings	
	N	ame of Contact Person	
	My Corpora	tion Business Services, Inc.	•
		Firm/ Company	
	23586 C	alabasas Rd., Suite 102	
		Address	
	Са	labasas, CA 91302	
		ity/ State and Zip Code	
	processing(E-mail address: (to be used	@mycorporation.com d for future annual report notification	n)
For further inform	ation concerning this matter,	please call:	
	Formation Filings	at (<u>877</u>)	692-6772
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida De	partment of State:
	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

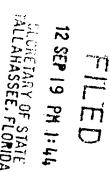
Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	itly filed with the Florida I	Dept. of State)
P120	00067976	
	per of Corporation (if known	n)
rsuant to the provisions of section 607.1006, sendment(s) to its Articles of Incorporation:	Florida Statutes, this Flor	rida Profit Corporation adopts the follow
If amending name, enter the new name of	the corporation:	
		The new
me must be distinguishable and contain th breviation "Corp.," "Inc.," or Co.," or the a me must contain the word "chartered," "profe	designation "Corp," "Inc,"	or "Co". A professional corporation
Enter new principal office address, if appli		
rincipal office address <u>MUST BE A STREET</u>	ADDKESS)	
	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	'E ROX)	
(Maining address Main Description of the Control of	<u> </u>	

		riorida, enter the name of the
. If amending the registered agent and/or re new registered agent and/or the new regist	<u>tered office address:</u>	
new registered agent and/or the new regist	tered office address:	
	tered office address:	
new registered agent and/or the new regist	tered office address: (Florida street add	dress)
Name of New Registered Agent:		•
Name of New Registered Agent:		dress), Florida (Zip Code)
Name of New Registered Agent:	(Florida street add	, Florida

Page 1 of 3

Signature of New Registered Agent, if changing



ψ₄.

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>	Name	<u>Address</u>	Type of Action
			Add
(attach d Article IV The num	ndditional sheets, if neces - Shares:	k the corporation shall be authorized to	issue is
 .			
provis		r an exchange, reclassification, or cancellation the amendment if not contained in the amend N/A)	

The date of each amendment	t(s) adoption: <u>08/30/2012</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
Enecuve date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s' ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	Sept 12 2012
Signature	Sch-
sele	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Edward Monfort
	(Typed or printed name of person signing)
	President
	(Title of person signing)