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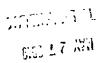
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## COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: SIGMA P	ARTS SOLUTIONS COMPANY
D1 +000000001	
DOCUMENT NUMBER: P14000032940	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
RAUL J. EIRIS	
	Name of Contact Person
SIGMA EQUIPME	NT COMPANY
-	Firm/ Company
7400 NW 79TH AV	enue <sub> </sub>
	Address
MIAMI, FŁ 33166	
	City/ State and Zip Code
REIRIS@SIGMAEQUIPA	MENTCO COM
<del>-</del>	(to be used for future annual report notification)
For further information concerning this mat	iter, please call:
RAUL J. EIRIS	at () 237-0979
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt made payable to the Florida Department of State;
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SIGMA PARTS SOLUTIONS COMPANY

		1	يدود ومصود و ورسوس	
(Name of	Corporation as currentl	y filed with the Florida De	ot, of State)	
P14000032940			£ 1 (3422 , 1940 A.	
	(Dagumant Mumbar o	f Corporation (if known)		20
	(120cument Number o	(i known)	2019 MAY ILI P 多	<b>2</b> 4
Pursuant to the provisions of section 607.1	006, Florida Statutes, this	Florida Profit Corporation :	adopts the following amendr	nent(s)
s Articles of Incorporation:		, ,	MALL ANASSEE FLOR	
			TALLAMBOURS LOP	COM
. If amending name, enter the new name	ne of the corporation:	1		
		1	The ne	
ame must be distinguishable and conta	in the word "corporatio	n " "company " or "incorr		
Corp.," "Inc.," or Co.," or the designate				
ord "chartered," "professional association				
Enter new principal office address, if				-
Principal office address <u>MUST BE A STi</u>	REET ADDRESS )			
			-	-
				_
. Enter new mailing address, if applica				
(Mailing address <u>MAY BE A POST O</u>	<u>FFICE BOX</u> )		<del></del>	-
		1		
	<u> </u>	_	_	•
		•		
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If amending the registered agent and			me of the	
new registered agent and/or the new	registered office address	<u>:</u>		
Name of New Registered Agent				
<u></u>	<del></del>			
_		<u>,</u>		
	(Florida str	vet address)		
Non-Basimond Office Advance			PL 24	
New Registered Office Address; _	<del> </del>	(City)	_, Florida (Zip Code)	-
		(Auf.)	(my cour)	
ew Registered Agent's Signature, if cha				
hereby accept the appointment as register	rêd agent Lam familiar y	with and accept the obligation	ns of the position.	
	Signature of New R	egistered Agent, if changing	<del></del>	
	1			

				e of each officer/di	rector being removed and title, name, and
address of each Officer a (Attach additional sheets,			being added:		
			first letter of the office title		
					stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office
held. President, Treasurer	Directo	r would	be PTD.		
Changes should be noted 1 change, Mike Jones leav	in the follows wes the co	lowing i proorati	manner. Currently John D on. Sally Smith is named th	oe is listed as the PS ve V and S. These sh	T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove,	and Sall	v Smith	SV as an Add.		
Example: X_Change	PT	John D	oc		
X Remove	$\underline{\mathbf{V}}$	Mike J	ones		
X Add	<u>SV</u>	Sally S	mith		
Type of Action Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
l) Change	VP	_	CARLOS E. GALLARE	00	7400 NW 79TH AVENUE
Add					MIAMI, FL 33166
X Remove					
Kemore					
2) Change		_		<del>'</del>	
Add				<b>i</b> 	
Remove					
3) Change		-			
Add					
Remove					
4) Change					
Add		-			
Remove					
Kemove					
5) Change		-		<del></del>	
Add					
Remove					
6) Change		_			
Add					
، ww				-	

Remove

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Ra enacifie)	<del></del> '
(Attach dadinonal sneets, y necessary).	(ве ѕресінс)	
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If an amendment provides for an excl	) hange, reclassification, o	r cancellation of issued shares.
If an amendment provides for an exclusions for implementing the ame	ndment if not contained	in the amendment itself:
(if not applicable, indicate N/A)		
	-	
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W- PA	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) adoption date this document was signed.	ı:	, if other than th
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after an	iendment file date)
Note: If the date inserted in this block d document's effective date on the Departme		filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted b by the shareholders was/were sufficien		es cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting gro pting group entitled to vote separately	ups. The following statement on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for	approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	the board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholde	r action and shareholder
05/08/2019 Dated		
Signature		<del></del>
selected, by a	president or other officer if director, incorporator - if in the hands of a rec ciary by that fiduciary)	
RAUL	J. EIRIS	
•	(Typed or printed name of person	signing)
VICE	PRESIDENT	
	(Title of person signir	ng)