P14000056921

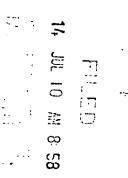
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SARASOTA TOP TRANSMISSION INC
DOCUMENT NUMBER: P14 0000 5 69 21
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lyis Heber Robaina Name of Contact Person Salusola 10p I suns mission Inc. Firm/Company 703 65th Ave W Address Bradandon tL. 34207 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941) 345 - 6365 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SARASUTA TOP TRANSMISSION INC	•
(Name of Corporation as currently filed with the Florida Dept. of State)	
P14000056921	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	3 amendment(s)
A. If amending name, enter the new name of the corporation:	
	_The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the all "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c word "chartered," "professional association," or the abbreviation "P.A."	obreviation contain the
B. Enter new principal office address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	
	,
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	-
	E m
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 of fice address:	> [7]
Name of New Registered Agent	∞ .
	ν, vi
(Florida street address)	©
New Registered Office Address:, Florida, [City] (Zip Code)	
(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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	1	Luis Heber Robaina	703 65th Ave W
Add			Bradenton
Remove			TL. 34207
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
orovisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
<u> </u>	
	

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7 07 2014	
Signature	-
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_
Vice president	_
(Title of person signing)	