P160000 40533

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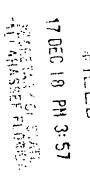
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Autotrucks Parts In	e	
DOCUMENT NUMI			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	iter to the following:	
	Salvatore Gallo Pulido		
		Name of Contact Person	1
	Autotrucks Parts Inc		
		Firm/ Company	
	2471 N.W. 72 Avenue		
	-	Address	
	Miami, FL 33122		
		City/ State and Zip Code	2
salva	toregallo@hotmail.com		/
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Salvatore Gallo		at (354-4724
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Autotrucks Parts Inc			
(Name o	f Corporation as curren	tly filed with the Florida Dept. of St	ate)
P16000040533			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A projessional corporation r	" or the abbreviation
B. Enter new principal office address,	if annlicable:	2471 N.W. 72 Avenue	
(Principal office address MUST BE A S		Miami, FL 33122	17
			日刊
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2471 N.W. 72 Avenue	18 P
()	(Maining dualress SHAT BILEST OST OF FROM DOSE)		To 42
			3,2, 0
D. If amending the registered agent ar	<u>id/or registered office ad</u> w registered office addre	<u>ldress in Florida, enter the name of l</u> ess:	<u>the</u>
new registered agent and/or the new registered office addre Martorell's Office Group			./
Name of New Registered Agent	21011 Johnson Street, S	uite 110	 _
		street address)	
N n : 200 411	Pembroke Pines	, Flor	33029
New Registered Office Address:	<u> </u>	(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis	changing Registered Age tered agent. I am familio	nt: ir with and accept the obligations of t	he position.
, , ,	hall		
		\	
	Signature of New	Registered Agent, if changing	
	7 \		

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 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Juan E. Olano Altuve	5150 N.W. 72 Avenue
Add			Miami, FL 33166
X Remove			
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
i) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
 	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mument if the comanied in the amendment fixen.

The date of each amendment(s) ad	December 5, 2017	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendn flicient for approval.	nent(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following staeach voting group entitled to vote separately on the amendment(s).	itement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sharehold	er
DatedSignature		
(By a d	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	Salvatore Gallo Pulido	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	