## P14000068485

| (Requestor's Name)                      |
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SECRETARY OF STATE

DEC 21 2018

## **COVER LETTER**

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| TO: Amendment Se<br>Division of Co |   |  | J.C.  |  |  |
|------------------------------------|---|--|---|--|--|
| NAME OF CORP                       | ORATION: Elite Truck Sales I  | ne   | ZET ZET   |  |  |
| DOCUMENT NUMBER: P16000068485      |   |  |   |  |  |
| The enclosed Articl                | es of Amendment and fee are su  | bmitted for filing.  | E FLORI   |  |  |
| Please return all cor              | respondence concerning this ma  | tter to the following:   | (6)   |  |  |
|                                    | Jeffrey S Olson   |  |   |  |  |
|                                    |   | Name of Contact Persor   | 1   |  |  |
|                                    | Smith Smith & Associates In   | c  |   |  |  |
|                                    |   | Firm/ Company  |   |  |  |
|                                    | 6249 Presidential Ct STE A  |  |   |  |  |
|                                    |   | Address  |   |  |  |
|                                    | Fort Myers, FL 33919  | Address  |   |  |  |
|                                    | <del>.</del>  | City/ State and Zip Code   | c   |  |  |
| mo                                 | akerfarms@hotmail.com   |  |   |  |  |
|                                    |   | sed for future annual report                                       | notification)   |  |  |
|                                    | is that dead too it a   | ter mine united tepart   |   |  |  |
| For further information            | tion concerning this matter, pleas  | se call:   |   |  |  |
| Jeffrey Olson                      |   | at ( 239   | 482-3573  |  |  |
| Nan                                | ne of Contact Person  | Area Co  | de & Daytime Telephone Number   |  |  |
| Enclosed is a check                | for the following amount made   | payable to the Florida Depa  | irtiment of State:  |  |  |
| S35 Filing Fee                     | □S43.75 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)    |  |  |
| A<br>D<br>P                        | Hailing Address Imendment Section division of Corporations I.O. Box 6327 allahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |  |  |

## Articles of Amendment to Articles of Incorporation of

Elite Truck Sales Inc (Name of Corporation as currently filed with the Florida Dept. of State) P16000068485 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) 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 office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam 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 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                   | $\underline{V}$ | Mike Jones      |                          |
| X Add                      | <u>sv</u>       | Sally Smith     |                          |
| Type of Action (Check One) | <u>Title</u>    | <u>Name</u>     | <u>Addres</u> s          |
| 1)Change                   | ST              | Romero, Frank   | 3107 NW Embers Ter       |
| Add                        |                 |                 | Cape Coral, FL 33933     |
| Remove                     |                 |                 |                          |
| 2) Change                  | ST              | Delorenzi, Erek | 3832 Stabile Rd          |
| X Add                      |                 |                 | St. James City, FL 33956 |
| Remove                     |                 |                 | <del></del>              |
| 3) Change                  |                 |                 |                          |
| Add                        |                 |                 |                          |
| Remove                     |                 |                 |                          |
| 4) Change                  |                 |                 |                          |
| Add                        |                 |                 |                          |
| Remove                     |                 |                 |                          |
| 5) Change                  |                 | <del>-</del>    |                          |
| Add                        |                 |                 | <del></del>              |
| Remove                     |                 |                 |                          |
| 6) Change                  |                 | _               |                          |
| Add                        |                 |                 |                          |
| Remove                     |                 |                 |                          |

|                                     | (Be specific)                  |                           |                |     |
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| f an amendment provides for an exc  | <u>iange, reclassification</u> | i, or cancellation of iss | ued shares,    |     |
| provisions for implementing the amo | <u>ndment if not contair</u>   | ied in the amendment      | <u>itself:</u> |     |
| Color D. L. C. C. AVID              |                                |                           |                |     |
| (if not applicable, indicate N/A)   |                                |                           |                |     |
| (if not applicable, indicate N/A)   |                                |                           |                |     |
| (if not applicable, indicate N/A)   |                                |                           |                |     |
| (if not applicable, indicate N/A)   |                                |                           |                |     |
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| (if not applicable, indicate N/A)   |                                |                           |                |     |
| (if not applicable, indicate N/A)   |                                |                           |                |     |
| (if not applicable, indicate N/A)   |                                |                           |                |     |

| The date of each amendment(s) addate this document was signed.           | loption:  | , if other than the      |
|--|---|--------------------------|
| Effective date if applicable:  |   |                          |
| Effective date <u>if appricable</u> :                                    | (no more than 90 days after amendment file date)  |                          |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, this date we<br>epartment of State's records.   | ill not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                          |
| ■ The amendment(s) was/were add<br>by the shareholders was/were su       | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.  |                          |
|  | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  |                          |
| "The number of votes east  | for the amendment(s) was/were sufficient for approval   |                          |
| by   | (voting group)  |                          |
|  | (voung group)   |                          |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the board of directors without shareholder action and shareholder  |                          |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the incorporators without shareholder action and shareholder   |                          |
| 12/10/2018<br>Dated  |   |                          |
| Signature /  | when Meda-  |                          |
| (By a d<br>selecte   | lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) | <b>-</b> 4-              |
|  | Rucker Meaker   |                          |
|  | (Typed or printed name of person signing)   |                          |
|  | President   |                          |
|  | (Title of person signing)   |                          |