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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _____ florida truck salvage inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: john Garrano Name of Contact Person Florida truck salvage inc Firm/ Company 427 via del sol drive Address davenport fl 33896 City/ State and Zip Code jgtrucks@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: john garrano Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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

florida truck salvage inc	
-	oration as currently filed with the Florida Dept, of State)
p17000070360	
(D	Occument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of t	he corporation:
	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "eword "chartered," "professional association," o	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX
D. If amending the registered agent and/or registered agent and/or the new registered	gistered office address in Florida, enter the name of the
	Since the second
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. 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 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 Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	vs	monica Garrano	427 via del sol dr	
x Add			davenport, fl.33896	•
Remove				-
2) Change				
Add			<u> </u>	•
Remove			9 APR	
3) Change	_		<u> </u>	
Add				
Remove			= 23 = 23	O
4) Change			7.27 ATE RIDA	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Articles Attach additional sheets, if necessary). (B	e specific)	
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f an amendment provides for an exchang provisions for implementing the amendm	e, reclassification, or cancellation of issued ent if not contained in the amendment itse	shares.
(if not applicable, indicate N/A)		TO THE
		STA STA
		701 102 102
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The date of each amendment(s) adoption:	, 1	fother	than the
date this document was signed.			
4-9-2019			
Effective date if applicable: (no more than 90 days after amendment file date)			
(no mine than 30 days after amenanem fise date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ite will not	be liste	ed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ynt		
The number of votes cast for the amendment(s) was/were sufficient for approval			
by"			
(voting group)	$\vec{\Sigma}_{O}$		
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. Signature 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 courappointed fiduciary by that fiduciary) Share GARRANO 1-85	HASSEE FLORIDA	9 APR 15 AHII: 27	FILED
(Typed or printed name of person signing)			
fre 510e2)			
(Title of person signing)			