

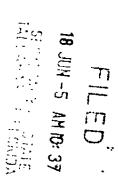
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B.

P.O. Box 6327 Tallahassee, Fl. 32314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	AXCELLTRUCK	S INC			
DOCUMENT NUM	P18000038014 BER:	_	<u> </u>		
The enclosed Articles	of Amendment and fee are su	ibinitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ESSA HAMOUD				
		Name of Contact Person	n		
	AXCELL TRUCKS INC				
		Firm/ Company			
	16850 COLLINS AVE SUIT	E 11 2 -4100			
	-	Address			
	SUNNY ISLES BEAACH, E	FL 33160			
		City/ State and Zip Cod	- e		
For further informatio	E-mail address: (to be us		notification)		
		at ()		
Name	of Contact Person	Area Co) de & Daytime Telephone Number		
Enclosed is a check fo	r 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)		
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

AXCELLTRUCKS INC

18 JUN -5 AM 10: 37

AXCELL TRUCKS INC	CONTRACTOR OF STATE
(Name of Corporation a P18000038014	as currently filed with the Floridal Dept. of State) FLORIDA
	Number of Corporation (if known)
	·
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	<u></u>
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	<u>ce address:</u>
Name of New Registered Agent	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. Lan	red Agent: n familiar with and accept the obligations of the position.
	y was promised the same of the promised that the promised the promised the promise
<u></u>	
Sionatur	re 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	MOSTAFA HAMOUD	16850 COLLINS AVE
X Add			SUITE 112-4100, SUNNY ISLES,
Remove			F1. 33160
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			· .
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding Attach <i>additional sheet</i>	ts, if necessary).	(Be specific)			
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-					<u>.</u>
					-
an amendment prov	ides for an exch	ange, reclassificat	<u>ion, or cancellation</u>	on of issued shares	3
provisions for implen	enting the amer	<u>ndment if not cont</u>	<u>ained in the amer</u>	idment itself:	
(if not applicable,	indicate N/A)				
		<u> </u>			
-		<u> </u>	,		
					<u>.</u>
					·

The date of each amendment(s) ad	option: 05/29/2013	, if other than th
date this document was signed.		
Effective date if applicable:	05/19/2013	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amend ficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareho	lder
Dated 05/29	12018	
Signature	Essa Hamood	
	rector, president or other officer – if directors or officers have no	
	I, by an incorporator – if in the hands of a receiver, trustee, or oth ed fiduciary by that fiduciary)	ier court
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	