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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Dade Lif	t Trucks, Inc	·-·
DOCUMENT NUMBE	R: <u>P1988000</u>	1661	
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
—		YQUEHI Name of Contact Person	
_	Dade Lift	Trucks, Inc.	
_		5th ST, Mia	
	Miami, F	-L 33126 City/ State and Zip Code	<u> </u>
For further information	Cation lift tru E-mail address: (to be us	CKS @ 9mail. ed for future abund report se call:	notification)
4/14	Υ	at ()
Name of	Contact Person	Area Co) de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	✓IS43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303

Yoel Marquetti Phone # : 786-909-0787

Articles of Amendment to Articles of Incorporation

Dade Lift Trucks, 1 (Name of Corporation as curr	rently filed with the Florida I	Dept. of State)
P100000		
	per of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporatio	m adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>	
Nation Lift Trucks, It	NC	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	". A projessional corporatio	m name must contain the word
		23
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_N/#	FR 20
	• •	
		<u> </u>
		2
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	<u>address in Florida, enter the</u> dress:	e name of the
م ۱۱ ، ۵		
Name of New Registered Agent Name of New Registered Agent	<u> </u>	
tFlori	da street address)	
		, Florida
New Registered Office Address: New Registered Office	r -	

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A
Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	NIR	
X Add	<u>SV</u>	Sally Smith	, ,	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

<u>If amending or adding additional Arti</u> (Attach <i>additional sheets, if necessary).</i>	(Be specific)
2/10	
NIH	
If we was a description of the constraint	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N1 V	
N/A	

The date of each amendment(s) adoption: APOI 3 2023
Effective date if applicable: 04 03 2023 ASAP (ho more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)
Signature August
(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)
Yoel Marquetti (Typed or printed name of person signing)
(Title of person signing)