## P19000035120

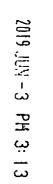
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C. GOLDEN
JUN 2 0 2019

## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DISEL INC P19000035120 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Judith Parga Name of Contact Person Disel Inc Firm/ Company 3985 24th Ave SE Address Naples, FL 34117 City/ State and Zip Code judithparga0211@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Judith Parga at (239) 682-N25
Area Code & Daytime Telephone Number 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 Filling 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

## 5 D

## Articles of Amendment to Articles of Incorporation of

2019 JUN -3 PH 3: 1;

DISEL INC	1.
(Name of Corporation as currently	v filed with the Florida Dept, of State)
P19000035120	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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:  Name of New Registered Agent	
	<del>-</del>
ti lorula stre	vet address)
New Registered Office Address:	, Florida
	Cayer (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hareby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.

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:

 $P = President; \ \hat{V} = Vice\ President; \ \hat{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief$ 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

Xampte: 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	VP	Ruben Garcia	3985 24th Ave SE
Add			Naples, FL 34117
<del></del>			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	des, enter change(s) her (Be specific)			
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f an amendment provides for an exch	ange, reclassification, o	r cancellation of iss	ued shares.	
provisions for implementing the amer	idment if not contained	in the amendment	itself:	
(if not applicable, indicate N/A)				
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	05-29-2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
~	29-2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, tepartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE)</u>	
☐ The amendment(s) was/were add by the shareholders was/were st	ipted by the shareholders. The number of votes east for the amend ifficient for approval.	ment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following seeach voting group entitled to vote separately on the amendments	tatement ):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shar	eholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	der
05-29-2019	,	
Dated		
Signature	rector, president or other officer - if directors or officers have not	h
	d, by an incorporator—if in the hands of a receiver, trustee, or other	
appoin	ted fiduciary by that fiduciary)	
,	Judith Parga	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	