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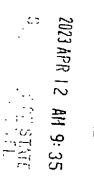
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Disel	Inc.	
DOCUMENT NUMBER: P190003		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Judith Parc	C Name of Contact Person	<u> </u>
Disel Inc.	Firm/ Company	
3985 24th	AV SE Address	
Naples Fl.	34117 City/ State and Zip Code	e
	sed for future annual report	
For further information concerning this matter, please	se call:	
Judith Parage Name of Contact Person	at (<u>239</u> Area Co) 682-1425 de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Disel Inc.		
(Name of Corporation as cu	rrently filed with the Florida I	Dept. of State)
P19000035120		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes	s this <i>Florida Profit Corporatio</i>	n adopts the following amendment(s) to
its Articles of Incorporation:	,, , , , , , , , , , , , , , , ,	·
A. If amending name, enter the new name of the corporati	on:	
	- A	T1
Disci General Carpentry Ir	<u>)C + </u>	Thenew led" or the abbreviation "Corp.,"
"Inc." or Co." or the designation "Corp." "Inc." or "C	o". A professional corporatio	on name must contain the word
"chartered," "professional association," or the abbreviation	"P.A."	.a. ~
B. Enter new principal office address, if applicable:		023
(Principal office uddress MUST BE A STREET ADDRESS)	1	APR T
C. Enter new mailing address, if applicable:		
		20 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		三年 35
D. If amending the registered agent and/or registered office	ce address in Florida, enter th	e name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent	<u>.</u>	
(Flo	orida street address)	
M. D. Catana I (Man Addama		, Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	ations of the assition
I hereby accept the appointment as registered agent/ I amflu	miliar with and accept the oong	unons of the position.
Kignature of	New Registered Agent, if chang	ing
Check if applicable		
The amendment(s) is/are being filed pursuant to s. 607.012	20 (11) (e), F.S.	

	(Be specific)	
		_
	<u></u>	
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares.	
provisions for implementing the am	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:	
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:	
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provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

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