## P22000012856

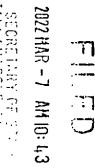
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: L&L TRUCK DIA	GNOSTICS, INC	
	UMBER: P22000012856		
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	LIVAN PAMPILLO		
	·····	Name of Contact Person	n
	SMART ACCOUNTING SC	LUTIONS INC	
	-	Firm/ Company	
	6009 S ORANGE AVE. UN	IT 6021A	
		Address	
	Orlando, Fl. 32809		
		City/ State and Zip Cod	e
	4SMART.ACCOUNTING@	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas		203-4593
	ime of Contact Person	at (at (	de & Daytime Telephone Number
172	ime of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	□\$43.75 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	Ameno Divisio The C 2415 !	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment nt Articles of Incorporation of

2022 MAR - 7 AM 10: 43 L&L TRUCK DIAGNOSTICS, INC. (Name of Corporation as currently filed with the Florida Dept. P22000012856 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A 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: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: LUIS B ABAD Name of New Registered Agent (Florida street address) N/A New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## Check if applicable

■ 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.

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) X Change	Р	LUIS B ABAD	 N/A
Add			
Remove			
2) Change			 
Add			
Remove 3 ) Change			 
Add			
Remove			
4) Change			 
Add			
Remove			
5) Change			 
Add			
Remove			
6) Change			 
Add			
Remove			

	nal sheets, if necessary).	(Be specific)			
N/A					
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F. <u>If an</u> amendm	ent provides for an exc	hange, reclassific	cation, or cancell	ation of issued share	<u>es,</u>
provisions fo	r implementing the amplicable, indicate N/A)	endment if not co	ontained in the a	mendment itself:	
	pucable, maicate N/A)				
N/A					
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The date of each amendment(s) added this document was signed.	loption:	, if other than th
MA	RCH 2 2022	
Effective date if applicable:	(no more than 90 days after amendmen	nt file date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east fficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for appro-	ral
by	(voting group)	
•	(voting group)	
MARCH 2	2022	
Dated		
Signature	us chal	
	rector, president or other officer – if directors or off	icers have not been
	d, by an incorporator – if in the hands of a receiver, t	rustee, or other court
appoin	ed fiduciary by that fiduciary)	
	LUIS B ABAD	
	(Typed or printed name of person signing	<u>z)</u>
	PRESIDENT	