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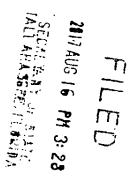
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Amend

AUG 16 2017 LALBRITTO:

Attention Ms. Irene.

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: SEA SUNSETS TRANSPORT CORP DOCUMENT NUMBER: P16000096610 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GILBERTO VALLADARES Name of Contact Person SEA SUNSETS TRANSPORT CORP Firm/ Company 12963 W OKEECHOBEE RD STE 3 Address HIALEAH GARDENS, FL 33018 City/ State and Zip Code 4GLOBALCORP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 2341364 SA Area Code & Daytime Telephone Number GILBERTO VALLADARES 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 Filing Fee & □\$52.50 Filing Fee (Please, use ck Certific previously cash out)

Replacement Dec Mailing Address Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (enclosed) (Additional Copy is enclosed) Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Att. is Irene.

Articles of Amendment to Articles of Incorporation of

SEA SUNSETS TRANSPORT CORP

SEA SUNSETS TRANSPORT CORP	
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
P16000096610	
. (Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
	poration," "company," or "incorporated" or the abbreviation "," or "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)	SECRITATION OF THE PROPERTY OF
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
	orida street address)
New Registered Office Address:	, , Florida
New Registered Office Address.	(City) (Zıp Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
rnereny accept one approximation as registered agent. I am ju	minus wan wat accept the trinigulous of the position,
Signature of	af 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	<u>T</u>	EVELYN BUENO	12963 W OKEECHOBEE RD		
Add			STE 3		
X Remove			HIALEAH GARDENS FL 33018		
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
EVELYN BUENO WILL APPEAR IN THE ARTICLES ONLY AS A SHAREHOLDER OF THE COMPANY SINCE SH
HAS A PERCENTAGE OF OWNERSHIP, ALVARO GUEVARA WILL APPEAR IN THE ARTICLES ONLY AS A
SHAREHOLDER OF THE COMPANY SINCE HE HAS A PERCENTAGE OF OWNERSHIP AS WELL.
·
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E. Han amendment manifes for an ambana malamifesti mana m
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

	ption:		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more	e than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		e applicable statutory filing requirements, this cords.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ON</u>	<u>E</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff		ers. The number of votes east for the amendme	nt(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the sharehold ach voting group enti	ders through voting groups. The following state (itled to vote separately on the amendment(s):	?ment
"The number of votes east fo	or the amendment(s) v	was/were sufficient for approval	
by		<u> </u>	
	(voting group))	
The amendment(s) was/were adopted action was not required.	ted by the board of di	arectors without shareholder action and shareholder	older
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporate	ors without shareholder action and shareholder	
08/14/17			
Dated			
Signature			
(By a dir	ector, president or oth	her officer - if directors or officers have not be	en
		if in the hands of a receiver, trustee, or other e	
appointe	d fiduciary by that fid	duciary)	
(GILBERTO VALLAD		
-	(Typed or r	printed name of person signing)	
	,	(a)	
Ī	RESIDENT	W	
-		Valle of person signing)	
		U I I I I I I I I I I I I I I I I I I I	