(R	equestor's Name)			
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(B	usiness Entity Name)	1		
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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: 3rd COAST Transport Inc.					
DOCUMENT NUMBER: P18000058930					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Christopher Frank (Registered Agent)					
3rd Coast Transport Inc.					
Christopher Frank (Registered Agent) Name of Contact Person 3rd Coast Transport Inc. Firm/ Company 8501 Ph; LateLic Dr. P. O. 6425 Address Spring Hill, FL 34611 City/ State and Zin Code					
Spring Hill, FL 34611					
City/ State and Zip Code					
3 rd Coust Transport Qusa. com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Christopher Frank at (713) 212 - 9989 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy (A					

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

2018 AUG 27 AM 11: 32

	SECRETARY OF STATE
(Name of Corporation as current)	y filed with the Florida Penisof Sine SEE, FL
(Document Number o	f 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:	
	V/A The new
name must be distinguishable and contain the word "corporatio" "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>)	Spring Hill, FL 34611
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8501 PhilateLic Dr P.O. 6425 Spring Hill, FL 34611
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ess in Florida, enter the name of the
Name of New Registered Agent // A	-
name of the wind succeeding em	CLIC Pr, 77 6425
New Registered Office Address: Spring Hill	Florida 3 4 6 1 1 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
	A
Signature of New R	egistered 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>inie</u>		Address	
1) Change		_ <u> </u>	o officers	Changes-	<u> </u>	
Add		\checkmark				
Remove						
2) Change		_				
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Remove						
3) Change						
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4) Change		_ _				
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6) Change						
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n amendment prov	vides for an exchange, re nenting the amendment	classification, c	r cancellation of	<u>Fissued shares,</u>	
(if not applicable,	indicate N/A)	not contained	in the anighdin	em usen:	
11					
	N/A				
					- · <u></u>
		 			

·	8/20/2010	
The date of each amendment(s) adoption date this document was signed.	812012018 812012018	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date we nent of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated	10/2018 10/2018	
Signature	ofter tra	
selected, by	or, president of other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	