P120000 11449

| (Red | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|---|
| NAME OF CORPORATION: SMANT LOMMY UNICHTUS COILIER - TWO DOCUMENT NUMBER: P120000 11449 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person Smant John Mall Afton Holding Inc Firm/ Company 1049172ND 54 Address Address City/ State and Zip Code Jon. Logan a Smart Tailmail Jom E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jon Logar at 517 896 1822 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 Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy (Additional Copy |

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 |

to

| Smat Jumuni | CATIO | n/5/01 | /18R | Tr | ν < | <u>-</u> |
|---|-----------------------------|----------------------|------------------|---------|-----------------|----------|
| PID MAA 111116 | as currently filed | d with the Florida I | Dept. of State) | | | |
| (Document) | t Number of Corp | poration (if known) | | | | |
| Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation: | tatutes, this <i>Florid</i> | da Profit Corporatio | m adopts the fo | llowing | ; amend | ment(s) |
| A. If amending name, enter the new name of the corpo | oration: | | | | | |
| | 6 | | | | The n | - |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb | "Inc." or "Co". | A professional corp | | | | |
| B. Enter new principal office address, if applicable: | | | | ;÷, | - <u></u> | _ |
| (Principal office address <u>MUST BE A STREET ADDRE</u> | <u>=33</u>) | | | | 35_ | _ *, |
| | | | | | - | , , |
| | | | | • | | ~ · |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | · | === | |
| | <u></u> | | | 31: | - Gi | |
| | | | | ` | | - |
| | _ | | | | _ | - |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi | | Florida, enter the | name of the | | | |
| Name of New Registered Agent | | | | | | |
| | | | | | | |
| | (Florida street add | dress) | | | | |
| New Registered Office Address: | | | Florida | | | _ |
| | (City) | | | (Zip Ci | ode) | |
| | | | | | | |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an | | nd accept the obliga | tions of the pos | ition. | | |
| | | | | | | |
| | | | | | | |
| Signatur | re of New Registe | red Agent, if changi | ng | | | |

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 | PT John Doe | } |
|-------------------------------|--------------------------|---|
| X Remove | V Mike Jones | 0 |
| X Add | SV Sally Smith | ₩ - 1 |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | Address |
| 1) Change | PST JAMES P | LogAN 1049172205+ SEMINAL F13377 |
| Add | , , | Siminal F/33/1 |
| Remove | | |
| 2) Change | VP JAMESP | Lognal 1049172ND5+ SEMINDLEFT33777 |
| Add | | SEMINOLE FL 33777 |
| Remove | D<7 7 -14.1 | 01-00- (11116177 -56 |
| 3) ChangeAdd | P.S. I JONATHAN | DLOGAN 1049172NOST SIMINOLE FL 33777 |
| Remove | | JAMANO CE I DO I I I |
| | 110 Tourtha | 1 D / 1 = 1 |
| 4) Change Add | VP VONATORY | 10/19/77 St |
| Remove | | 10491 72NO St SEMINOLE F13377 |
| 5) Change | CEO JONATHA | |
| Add | | 10491 7ZND ST |
| Remove | | SIMINOLE FL33777 |
| 6) Change | | |
| Add | | |
| Remove | | |

| Attach additional sheets, if necessary). (Be specific |) | |
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| | | ¥0N |
| an amendment provides for an exchange, reclass provisions for implementing the amendment if no | ification, or cancellation of issued shares, | ¥0N |
| an amendment provides for an exchange, reclass provisions for implementing the amendment if no (if not applicable, indicate N/A) | ification, or cancellation of issued shares, contained in the amendment itself: | WY S- 4011 B |
| provisions for implementing the amendment if no | contained in the amendment itself: | NO4 - 5 |
| provisions for implementing the amendment if no | contained in the amendment itself: | WY S- AON |
| provisions for implementing the amendment if no | contained in the amendment itself: | WY S- AON |
| provisions for implementing the amendment if no | contained in the amendment itself: | WY S- AON |
| provisions for implementing the amendment if no | contained in the amendment itself: | FY 5- 40M |
| provisions for implementing the amendment if no | contained in the amendment itself: | FY 5- 40M |
| provisions for implementing the amendment if no | contained in the amendment itself: | FY 5- 40M |
| provisions for implementing the amendment if no | contained in the amendment itself: | WY S- AON |
| provisions for implementing the amendment if no | contained in the amendment itself: | FY 5- 40M |

| The date of each amendment(s) adoption: | _, if other than the |
|---|----------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder | 19 NOV -5 |
| action was not required. | ~~~, |
| Dated 5-10-7019 | MH 8: 23 |
| Signature (By a director, president or other officer – if directors or officers have not been | - - |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| Jonathan DLogas | |
| (Typed or printed name of person signing) | |
| CEO | |
| (Title of person signing) | |