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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TRANS-MARKET ENTERPRISES, INC. DOCUMENT NUMBER: P15000028844 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karyn Maguregui Name of Contact Person Trans-Market Enterprises, Inc. Firm/ Company 8915 Maislin Drive Address Tampa, FL 33637 City/ State and Zip Code kmaguregui@transmarket.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 988-6146

Area Code & Daytime Telephone Number Karyn Maguregui Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRANS-MARKET ENTERPRISES, INC.

TRANS-MARKET ENTERFRISES, INC.			器字 一種種
(Name of C	orporation as currently	filed with the Florida Dept. of State	
15000028844			海風 心
· · · · · · · · · · · · · · · · · · ·	(Doggesta Nember of C	Towns and the CE land and the	<u> </u>
	(Document Number of C	Corporation (if known)	
rursuant to the provisions of section 607.1006 as Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopts the fo	ollowing amendment(s
. If amending name, enter the new name	of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	on "Corp," "Inc," or "C	o". A professional corporation name	the abbreviation e must contain the
3. Enter new principal office address, if ap	nnlicable:	N/A	
Principal office address MUST BE A STRE			·
Enter new mailing address, if applicab		N/A	
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		
). If amending the registered agent and/or	r registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new re	gistered office address:		
Name of New Registered Agent Ni.	Ά		
Trans of New Registered Agent			
			<u></u>
	(Florida stree	u address)	
New Registered Office Address:	A	, Florida	
	(0	City)	(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:		
hereby accept the appointment as registered		th and accept the obligations of the po	sition.
· · · · · · · · · · · · · · · · · · ·	Signature of New Re	gistered 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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	KEITH SANTI	8915 MAISLIN DRIVE
Add			TAMPA, FL 33637
Remove			
2) Change	VD	KYLE SANTI	8915 MAISLIN DRIVE
X Add			TAMPA, FL 33637
Remove			
3) Change	VD	RYAN SANTI	8915 MAISLIN DRIVE
X Add			TAMPA, FL 33637
Remove			
4) X Change	VTSD	KARYN MAGUREGUI	8915 MAISLIN DRIVE
Add			TAMPA, FL 33637
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
l/A	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
	1 4.6 4 Add All All All All All All All All All
provisions for implementing the ame	endment it not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
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(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A) N/A	endment it not contained in the amendment itself:
(if not applicable, indicate N/A)	enament it not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:

	N/A	ic all a diameter
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
, - ` N/A	4	
Effective date <u>if applicable</u> :	() () () () () ()	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
6/9/15 Dated		
Signature	Keith Sant	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	KEITH SANTI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	,