## P17000014210

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EMM Tronsport Inc.
DOCUMENT NUMBER: <u>P17600014210</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Scoberce a Name of Contact Person
Name of Confact Person
Eom Transport Inc
4633 Tailfeather CT
Lond O'Lakes FL 34639 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Man of Contact Person at (239) 888 - 577 9  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## Articles of Amendment

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Common Transpart   Na     (Name of Corporation as currently filed with the Florida Dept. of State)     Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:	of			
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florala 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:  The new name must be divinguishable 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."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (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:  (Florada street address)  Florida  (Florada street address)  (City)  Florida  (City)				
(Principal office address MUST BE A STREET ADDRESS)  D. Hamending address MAY BE A POST OFFICE BOX)  D. Hamending address MAY BE A POST OFFICE BOX)  D. Hamending the registered agent and/or the new registered office address in Florida, enter the name of the new registered Agent's Signature. If changing Registered Agent:  D. Mark Registered Agent's Signature. If changing Registered Agent:    Comparation to the provisions and contain the word agent and/or the new registered Agent's Signature. If changing Registered Agent:    Comparation to the provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment(s) to its strict and provisions adopts the following amendment and provisions adopts the following amendment and provisions adopts the following amendment and provisions are followed by the following amendment and provisions are followed by the following are followed by the following amendment and provisions are followed by the following amendment and provisions are followed by the following are followed by the following amendment and provision	<del>-</del>			
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A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbi eviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "projessional association, or the abbieveation "P.A."  B. Enter new principal office address, if applicable: (Principal office address, if applicable: (Mailing address MUST BE A STREET ADDRESS)  D. Hamending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or registered office address.  Name of New Registered Agent    New Registered Office Address:	(Document Number of Corporation (if known)			
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal affice address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  Florida  (City)  New Registered Agent's Signature, If changing Registered Agent:		nendment(	s) to	
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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:    Name of New Registered Agent				
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Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent:				
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  (City)  New Registered Agent's Signature. If changing Registered Agent:				
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New Registerest Assent's Signature, if changing Registered Agent:	new registered agent and/or the new registered office address:		07[	
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New Registerest Agent's Signature, if changing Registered Agent:			ü	
	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.	•	5	
Signature of New Registered Agent, if changing	Signature of New Registered Agent, if changing			
Check if applicable	Cheek if annileable			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (13) (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; I = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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	PT John	Duc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u> </u>	Monana Gherry	4633 Tailfeather
Add Remove 2) Change Add	PD	Elizabeth Scoberce	CT Land O'Lako, FL 34639 a 2524 De 364 ST Cape (cral, FL
Remove 3 ) Change Add			33914
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Remove  Change  Add			
Remove	<del></del>	-	
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	dditional sheets, if necessary				
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F. If an ame	ndment provides for an exc	hange reclassification	ne cancellation of income	<b>i</b> . <b>i</b>	
provisio	ny for implementing the am	endment if not containe	d in the amendment its	i snares,	
(if no	ot applicable, indicate N/A)			<del></del>	
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The date of each amo	ndment(s) udoption:	, it other tha
date this document wa	s signed.	
Ciffontina data if anni	75m H. 2020	
Effective date if appl	(no more than 90 days after amendment file date)	
	rted in this block does not meet the applicable statutory filing requirements, this date will ate on the Department of State's records.	not be listed
Adoption of Amendr	ient(s) ( <u>CHECK ONE</u> )	
The amendment(s) action was not requ	was/were adopted by the incorporators, or board of directors without shareholder action and ired.	shareholder
The amendment(s) by the shareholder	was/were adopted by the shareholders. The number of votes east for the amendment(s) s/was/were sufficient for approval.	
☐ The amendment(s) must be separately	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	
"The number	of votes east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dat	·d 6/4/2920	
Sig	(By a director, president or other officery) if directors or officers have not been	<u> </u>
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Mariana Ghorzu	
	(Typed or printed name of person signing)	
	Vice Provident Secretory	
	(Title of person signing)	

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