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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: ### STEPNIT LE US TE Transport At 100 DOCUMENT NUMBER: 170005 0 3 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ### Contact Person Firm/ Company	Division of Corporations		
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AME AME Address Address Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ATT BULLE ATT ATT BULLE A	NAME OF CORPORATION: MARCETAN S	TLEJUSTE TO	ansportation in
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Address Address Address ARE Hary F 32746 City/ State and Zip Code Teo 490 We. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HARCEMET E STE at (407) 844-326 Name of Conduct Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Street Address	MARCEANT	Name of Contact Person	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ##################################	348 Phillias	Firm/Company	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ##################################	LAKE MAR	Address T 3274 City/ State and Zip Code	4.6
Mailing Address at (407) 844-326/ Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number at (407) 844-326/ Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number S35 Filing Fee			
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Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed)	Enclosed is a check for the following amount made p	ayable to the Florida Departm	ent of State:
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Amendment Section Amendment Section Division of Corporations Division of Corporations	Amendment Section Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Inco	orporation
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(Name of Corporati	ion 7/s currently filed with the Florida Dept. of State)	
71700005/043	,	
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> adopts the following amend	ment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviat o," "Inc," or "Co". A professional corporation name must contain e abbreviation "P.A."	ion the
B. Enter new principal office address, if applicable	e:	
(Principal office address <u>MUST BE A STREET AD</u> I		_
	担じ立 い	, , , , , , , , , , , , , , , , , , ,
C. Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO		_
	$\mathbb{Z}_{\mathbb{Z}}$.	
	<u></u>	_
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D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered		
M. C. C. C. C.		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
Sim	nature of 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.

Comments, vas Kemos	ес, ана запу зтин,	or as an maa.	
Example: <u>X</u> Change	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	one <u>s</u>	
<u>X</u> Add	<u>SV</u> <u>Sally S</u>	mith_	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TI	MARCEANTLEJUST	= 348 Phillipa?lace LAKE HARY F132746
X Add		\sim	LAKE HARY F/32746
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	sheets, if necessary). (Be specific)				
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(if not appli	mplementing the arcable, indicate N/A)	<u>nengment ii not (</u>	<u>contained in the</u>	amenament its	<u>eu:</u>	
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The date of each amendment(s) adoption:	, if other than
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 dat document's effective date on the Department of State's records.	e will not be listed as
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):	ni
"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.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07 /1/8/17	
Signature Will Hall	
(By a diffector, 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)	
MARCEANTI LEJUSTE	
(Typed or printed name of person signing)	
(Title of person signing)	

the

the