P17000100047

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Amend

NOV 0 2 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SEMKAN MOTO	RS INC	
DOCUMENT NUME	BER: P17000100047		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	VOLKAN KARGIN		
	·	Name of Contact Person	1
	SEMKAN MOTORS INC		
		Firm/ Company	
	7718 N FLORIDA AVE		
		Address	
	TAMPA, FL 33604		
		City/ State and Zip Code	2
VOLI	KANUSA24@GMAIL.COM		
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DAVID B. WILSON		at (⁷²⁷	393-3258
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address Industrial Section Sion of Corporations	Amend Divisio	Address ment Section of Corporations
	Box 6327 ahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CENAL A	N 1	MACT	SDC	DIC	
SEMKA	N.	MUL	JKS	INU.	

(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000100047	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". 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>)	
C. Enter new mailing address, if applicable:	201
(Mailing address MAY BE A POST OFFICE BOX)	- FOR 29
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	T'
(Florida stree	et address)
New Registered Office Address:	, Florida City)
· ·	
New Registered Agent's Signature, if changing Registered Agent:	tele and account the ablitantian after a matrice.
I hereby accept the appointment as registered agent. I am familiar wi	in and accept the obligations of the position.
	gistered Agent if changing
Nonature at New Re	aisterea adent 11 chanaina

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>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	VOLKAN KARGIN	7718 N FLORIDA AVE UNIT B
Add			TAMPA, FL 33604
X Remove			
2) Change	PST	FRANCES A. PAYN	3008 JUSTAMERE LN
X Add			TAMPA, FL 33614
Remove			
3) Change	-		-
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment itsen:
	

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 not be listed as th document's effective date on the Department of State's records.
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 action was not required.
October 4, 2018 Dated
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)
Frances A. Payn
(Typed or printed name of person signing)
President, Secretary & Treasurer
(Title of person signing)