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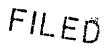
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARMING TRANS	PORT INC	
DOCUMENT NUM	P18000013212		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RIFET DZAFEROVIC		
		Name of Contact Per	son
	ARMING TRANSPORT IN	C	
		Firm/ Company	
	11323 CHAPELGATE LN		
		Address	
	JACKSONVILLE, FL 32223	3-8760	
		City/ State and Zip C	ode
SAN	DROKRSO@GMAIL.COM		
	E-mail address: (to be us	sed for future annual repo	ort notification)
For further information Rife	on concerning this matter, pleas		s as as as as a second
	of Contact Person	at (/_6 Area	S_) 396-322 Code & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ame Divi Clif	ret Address endment Section ision of Corporations ton Building 1 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



ARMING TRANSPORT INC (Name of Corporation as currently filed with the Florida Dept. of State) HAY 18 P k 26 P18000013212 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida 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: ARMIN TRANSPORT INC name must be distinguishable 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: Name of New Registered Agent (Florida street address) New Registered Office Address: __ (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change				··	
Add					
Remove					
5) Change					
Add					
Remove					
_ 					
6) Change					
Add					
Remove					

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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		-		
				
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or	cancellation of issued	<u>shares,</u>	
(if not applicable, indicate N/A)	ionen n noi containeo n	i die amendinen diser	<u>1.</u>	
	-·· <u> </u>		· · · · · ·	
-				

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	·
	tho more than 50 days after amenament file dates	
Note: If the date inserted in this blo document's effective date on the Depart	ock does not meet the applicable statutory filing requirements, that artiment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendricient for approval.	nent(s)
☐ The amendment(s) was/were appro- must be separately provided for ea	oved by the shareholders through voting groups. The following st ach voting group entitled to vote separately on the amendment(s)	atement :
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and share	holder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and sharehold	ler
Dated	16118	
Signature	Le Penforavi	
(By a dīn	ector, president or other officer – if directors or officers have not	
	by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	r court
аррение	a nadelary by that nadelary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	