(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of Sta	tus
Special Instructions to	o Filing Officer:	
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R. WHITE SEP 0 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SEH Fran	13 PORT ENT. INC
DOCUMENT NUMBER: P180000	29137
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
SCOT.	Robosk, Name of Contact Person
SCH /rans	Firm/ Company
	Address
	FL 34286 City/ State and Zip Code
· Sh_ +	ransport DIATMAIL. Com
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please	e call:
S Cott Robert.	at (<u>GUI</u>) <u>U26 - 5091</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

to

SEM Transpor	Corporation as currently:	2018 AUG 30 AM filed with the Florida Dept.	B: 31
	10000 29 137	SECOSTABLE AND	
1_10	(Document Number of C	Corporation (if known)	FL
Pursuant to the provisions of section 607.100 (its Articles of Incorporation:	06. Florida Statutes, this FI	orida Profit Corporation add	opts the following amendment(s
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Ce	o". A professional corporat	
B. Enter new principal office address, if a (Principal office address MUST BE A STR		<u>N/A</u>	
			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		N/A	
D. If amending the registered agent and/onew registered agent and/or the new registered.		s in Florida, enter the name	of the
Name of New Registered Agent	N/A		
	· 		
	(Florida street	(address)	-
New Registered Office Address:			Florida
	(C	iiy)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registere	iging Registered Agent:	b and against the abligations	of the maritim
meren, accept me appariument as registere	a ageni. Tam jammaa wu	н ана ассері те оппуанонк	лу на ромнон.
	Signature of New Page	istorad Apont 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 <math>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:	se, ana sany smi	nn, 57 as an Ada.	
X Change	PT John	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
_X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change X Add Remove	<u></u>	Tyler Roboski	2632 LeryL AVE NORTH POCT, FL. 34286
2) Change Add Remove			
3) Change Add Remove			
4) Change Add			
Remove Change Add		.	
Remove 6) Change Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	icies, enter change(s) nere: (Be specific)
<i>N/A</i>	
,	
	7
	
,	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ameing the applicable, indicate N/A)	ndment if not contained in the amendment itself:
\mathcal{N}/\mathcal{A}	
,	
	

The date of each amendment(s) adoption:
Effective date <u>if applicable</u> : 9-1-2018 (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 a 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.
Dated 8-27-2018
Signature Sew Lonfe. (By a director, president or other officer – it 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)
(Typed or printed name of person signing)
(Title of person signing)