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TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: J C e Sa	arre	Transpo	svtatan ine
DOCUMENT NUMBE	tion: <u>JCesa</u> r: <u>P1800</u>	X685	96	
The enclosed Articles of	Amendment and fee are su	bmitted for	filing.	
Please return all correspo	ondence concerning this mat	ter to the fo	ollowing:	
	Ì	Eloa	agel	ter
_	AA		CONTACT Person	4 TAKED
_	(1040 Fin	n/Company Del P	hado Blo
_		Lape		FL 33904
	weiter	City/Sta Qudi-	nte and Zip Code	: }1.Com
	E-mail address: (to be us	ed for futu	re annual report	notification)
For further information o	concerning this matter, pleas	se call:		
Debra	cese Her		at (339	770-3797
Name of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to t	he Florida Depa	ertment of State:
□ \$35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy onal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy
	. ✓	enclos	ed)	(Additional Copy is enclosed)
Amen	ng Address dment Section on of Corporations		Amend	Address Iment Section on of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			Building	

Tallahassee, FL 32301

Articles of Amendment

to

to

r · · · · · · · · · · · · · · · · · · ·	Articles of Incorp	poration			
JCesaire	•	detin	Inc		
			orida Dept. of State)		
· · · · · · · · · · · · · · · · · · ·	PMC 68=	<u></u>			
	cument Number of C				
(Dol	Jument Number of C	orporation (ii kiii	JWII)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	orida Profit Corp	poration adopts the fo	llowing amendn	nent(s)
A. If amending name, enter the new name of the	e corporation:				
				The ne	2341
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or i	orp, " "Inc," or "Co	o". A profession	"incorporated" or al corporation name	the abbreviation the must contain the	on he
B. Enter new principal office address, if applica					
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)				
					•
					•
C. Enter new mailing address, if applicable:				2 60	
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)			<u> </u>	·
				# 5	<u></u>
				30	iTi
				7 7	Ö
D. If amending the registered agent and/or regi		s in Florida, ent	er the name of the	ب	
new registered agent and/or the new register	red office address:			18 SS	
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:			, Florida		
New Registered Office Address.	(C	lity)	, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing			tr e ca	***	
I hereby accept the appointment as registered ager	u, -t am familiar wil	n and accept the	ortigations of the po	SHION.	
S	Signature of New Reg	gistered 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 <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: X Change	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One) 1) Change	Title	Name Islande Cesaire	Address 15/3 Ne 15th Terr Capl Coral 7(339)
Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)
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If an amendment provides for an excl	nange reclassification or cancellation of issued shares
If an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	8/25/18	ic salvas alvas alvas
The date of each amendment(s) adoption date this document was signed.	8/25/18 8/35/18	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement ofting 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)	
	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated	8/25/18 Arm (Doğum	
	11474 C. SULL	
selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
	Jean Cesaire	
	(Typed or printed name of person signing)	
	President_	
	(Title of person signing)	