P1900000 1768

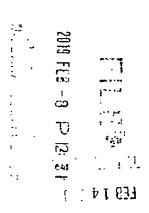
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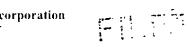
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Smart Trans, Inc.		
DOCUMENT NUM	BER: P19000001768		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Nina Mikalacki Bjelovic		
		Name of Contact Perso	n
	Smart Trans, Inc.		
		Firm/ Company	
	2950 NE 188th St. Apt 143		
		Address	_
	Aventura, FL 33180		
		City/ State and Zip Cod	e
	S	·	
nina(@bpfreightus.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	n concerning this matter, pleas	se call:	
Nina Mikalacki Bjelovic		786	202-9001
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address Ilment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of



Smart Trans, Inc.	
(Name of Corporation as curren	ntly filed with the Marida Dept. of State?
P19000001768	
(Document Number	of Corporation (if known).
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida 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 "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2950 NE 188th St. Apt 143
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2950 NE 188th St. Apt 143
	Aventura, FL 33180
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	
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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Vladimir Todorovic	2775 NE 187th St
Add			Apt 221
X Remove			Aventura, FL 33180
2) Change			
Add			-
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
• -		
		
		
fdmant measider for an arch	hange, reclassification, or cancellation of issued shares,	
Tall afficient provides for all execu	endment if not contained in the amendment itself:	
provisions for implementing the ame		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) a	02/05/2019	16 - d d d
date this document was signed.	tuoption:	_, if other than th
02/ Effective date <u>if applicable</u> :	05/2019	
- In the second	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
02/05/2014 Dated)	
Signature <u>U</u> (Ma Seclaric	
(By a c selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	•
	Nina Mikalacki Bjelovic	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	