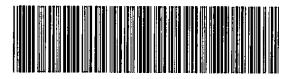
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SECRETARY OF STATE
TALLAMASSEE

A RAHAV

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: SEM SERVICES	CORP	
DOCUMENT NUMBER:			
The enclosed Articles of Ar		abmitted for filing.	
Please return all correspond	ence concerning this ma	atter to the following:	
GIA	NCARLO ROMAN		
ROM	IAN'S EMPIRE CORP	Name of Contact Per	son
	<u> </u>	Firm/ Company	
1093	2 NW 12TH CT	i inii company	
		Address	
PLA1	NTATION, FL 33322		
		City/ State and Zip C	ode
GIA	VCA_S@HOTMAIL.CO	OM	
	E-mail address: (to be us	sed for future annual repo	ort notification)
For further information cond	erning this matter, pleas		504-9538
Name of Cor	tact Person		Code & Daytime Telephone Number
Enclosed is a check for the f			•
S35 Filing Fee	3\$43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divis The 2415	et Address Indiment Section Ition of Corporations Centre of Tallahassee In Monroe Street, Suite 810 Indianassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

SEM SERVICES CORP

	of Corporation as curren	tly filed with the Florida Debe of State 5 PA 1: 55		
P20000022743		SECRETARY OF CTATE		
	(Document Number	of Corporation (if known) SECRETARY OF STATE OF CORPORATION (IF known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new r	iame of the cornoration			
COLLISION AUTO EXPRESS CORP				
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	corp inc. or co	The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
3. Enter new principal office address,	if applicable:	1048 NE 43RD CT		
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	OAKLAND PARK, FL 33334		
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	icable: OFFICE BOX)	1048 NE 43RD CT		
		OAKLAND PARK, FL 33334		
	tu/of registered office add	ress in Florida, enter the name of the		
new registered agent and/or the new		<u>s:</u>		
new registered agent and/or the new Name of New Registered Agent	GIANCARI.O ROMAN	<u>s:</u>		
new registered agent and/or the new	GIANCARLO ROMAN 10932 NW 12TH CT			
Name of New Registered Agent	GIANCARLO ROMAN 10932 NW 12TH CT	veet address)		
new registered agent and/or the new	GIANCARLO ROMAN 10932 NW 12TH CT (Florida sta	reet address), Florida_33322		
Name of New Registered Agent	GIANCARLO ROMAN 10932 NW 12TH CT (Florida sta	reet address) Florida 33322		
Name of New Registered Agent New Registered Office Address:	GIANCARI.O ROMAN 10932 NW 12TH CT (Florida str PLANTATION	(City) (Zip Code)		
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if c	GIANCARI.O ROMAN 10932 NW 12TH CT (Florida str PLANTATION	(City) (Zip Code)		
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if c	GIANCARI.O ROMAN 10932 NW 12TH CT (Florida str PLANTATION	(City) (Zip Code)		
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if c	GIANCARI.O ROMAN 10932 NW 12TH CT (Florida str PLANTATION	(City) (Zip Code)		
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if c	GIANCARLO ROMAN 10932 NW 12TH CT (Florida str PLANTATION nanging Registered Agent ered agent. I am familiar s	(City) Florida 33322 (City) (Zip Code) E with and accept the obligations of the position.		
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if c	GIANCARLO ROMAN 10932 NW 12TH CT (Florida str PLANTATION nanging Registered Agent ered agent. I am familiar s	(City) (Zip Code)		

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 = ChiefExecutive 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	CEO	GIANCARLO ROMAN	10932 NW 12TH CT
Add			PLANTATION, FL 33322
Remove			
2) X Change	<u>s</u>	STEFANIE ROMAN	200 SE 5TH AVE APT 302
Add			DANIA, FL 33004
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			

ach additional sheets, if	necessary).	cles, enter change((Be specific)				
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amendment provides t	<u>for an exchai</u>	nge, reclassification	ı, or cancellatio	n of issued shar	es,	
isions for implementi (if not applicable, indic		<u>lment if not contai</u>	<u>ned in the amen</u>	dment itself:		
is were approxime, march	are :war					
			-			
						
						-

The date of each amendment(s)	03/09/2021 adoption:, if other than t
date this document was signed.	/09/2021
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	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 cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
03/09/202 Dated	
Signature	//
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	GIANCARLO ROMAN
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)