P200000 53323

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(City	y/State/Zip/Phone #	f)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BS TRANSPORT	ATION, INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BOOZNER SINOPHAT		
		Name of Contact Person	n
		Firm/ Company	
	219 MANOEL SILVA ST		
	KISSIMMEE, FL 34743	Address	
		City/ State and Zip Cod	e
	ACCOUNTING@GREATV	ALUEBUSINESSES.COM	1
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, plea.	se call:	
BOOZNER SINOPHA		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

BS TRANSPORTATION, INC.

(Name of Corporation as curr	ently filed with the Flor	ida Dept. of State)	<u> </u>
P20000053323		,,,,,,	
(Document Numb	per of Corporation (if know	wn)	
ursuant to the provisions of section 607.1006, Florida Statutes, as Articles of Incorporation:	this <i>Florida Profit Corpo</i>	ration adopts the follo	wing amendment(
. If amending name, enter the new name of the corporation	<u>ı:</u>		
SC TRANSPORTATION, INC			The new
ame must be distinguishable and contain the word "corporation. Inc.," or Co.," or the designation "Corp," "Inc." or "Co" chartered," "professional association," or the abbreviation "P	'. A professional corpo	porated" or the abbrevious ration name must con	iation "Corp"
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			<u>.</u>
	-		
			21.5
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
	 		[] (0: nó
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office add 		the name of the	ηó
Name of New Registered Agent			
(Florida	a street address)		
New Registered Office Address:		Florida	
	(City)	,,,,,,,,,	Lip Code)
New Registered Office Address:	(City)	Florida	Lip Code)
stered Agent's Signature, if changing Registered Agecept the appointment as registered agent. I am famili	ent:	hlimations of the ====ta	
programme and registered agent. Tum famili	an and accept the Ot.	rugations of the postite	771.
Signature of No	w Registered Agent, if cho		
	n negisiereu Agent, ij chi	инхинх	
heck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) () C.C.		

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			<u></u>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

	lding additional Ar sheets, if necessary)	. (Be specific)			
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			<u> </u>		<u> </u>
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	<u> </u>				
				 -	
an amendment i	provides for an exc	change, reclassifica	tion, or cancellati	on of issued shares	1
<u>rovisions for im</u>	plementing the am	sendment if not cor	ntained in the ame	ndment itself:	
(if not applica	ible, indicate N/A)				
		· · · -			
			<u>-</u>		

The date of each amendment(s) adoption: _date this document was signed.		, if other than the
ū		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amer or approval.	ndment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	,	
(v	ooting group)	
07/22/2020 Dated Signature (By a director, pro-	esident or other - if directors or officers have no	ot been
selected, by an in	corporator – if in the hands of a receiver, trustee, or others by that fiduciary)	her court
BOOZNI	ER SINOPHAT	
	(Typed or printed name of person signing)	
PRESIDE	ENT	
 -	(Title of person signing)	