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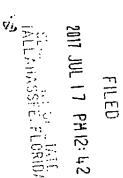
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C. GOLDEN

JUL 21 2017

COVER LETTER

Division of Corporations NAME OF CORPORATION: LAND EVANUES TARRISANT SERVICE INC P96000055936 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

LAWD GYDAGGS TOAKS POT VOLLE JUIC

Firm/ Company 2400 11.W 40 STAW)
Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to Articles of Incorporation

of

LAND EXPANS TAI	ANSPORT SP	RVICES, INC.
(Name of Corporation as cur	rently filed with the Florida I	ept. of State)
P3600	0055934.	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	n <u>:</u>	
LAND EXPLESS IN A name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbrevia	$MSPORT$ $S\epsilon$ or "Co". A professional cory	12 U/C E IMIC new orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		name of the
Name of New Registered Agent		
(Flori	da street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	sgent: iliar with and accept the obligat	OUT JUL
Signature of N	New Registered Agent, if changi	FILED 17 PHI2:

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)

Example:

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 = Trustce; 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.

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			<u> </u>
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary)	. (Be specific)		
			_
			
		<u> </u>	
			_
an amendment provides for an exc	hange, reclassification, or ca	ncellation of issued shares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in t	<u>he amendment itself:</u>	
· · · · · · · · · · · · · · · · · · ·			
		· -	
·			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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.	
Signature (By a prector, president or other order – if 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) Coulloin a Specific 2	
(Typed or printed name of person signing)	
Presented.	
(Title of person signing)	