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COVER LETTER

TO: Amendment Section Division of Corporations TRANSFORTATION, INC. SM NAME OF CORPORATION: 00 F P P DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan M. THomas

Name of Contact Person SMT TRANS POETATION INC

Firm/ Company

3900 Wood LAKE BLVD - SVITE 2016

Address

LAKE WOETH FL 33463

City/ State and Zip Code BILLIAG @ CAPTAINS AIRPORT. COM.

3-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan M. THOMAS at 561 798-2180

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

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

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

FIL	ED
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SMT TO	PANSPORTATIO	N INC	THED
(Name of Corporati	on as currently filed with	the Florida Dep??	of State)
P #97	0000 32 00	PP .	* THA 16 A 11: 52
	ent Number of Corporation		• .
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	Statutes, this Florida Prof	fit Corporation add	opts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A profession	r "incorporated" o al corporation na	r the abbreviation "Corp.," me must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
			
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Flori office address:	da, enter the nam	e of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		,	Florida(Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and acc	ept the obligations	of the position.

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>РТ</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	P	SUSAN M THOMAS	9816 WOODWORTH CT WELLING TON FL
Add Remove 2) Change Add		Melvid L THOMAS	Welling TON FL 33414 9816 WOODWHETH CT Welling TON FL
Remove Change			33414
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
5.	(sad	51010 & THIS	15 THE

SUSAN 51010) THIS IS THE MILUIN 4900) CHANGE

CHANGE Leas m. Thomas

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an amandma	nt provide	s for an exchange, r	reclassificatio	n or cancellati	ion of issued sh	ares.	
provisions for	implement	ing the amendmen	t if not conta	ined in the ame	endment itself:	41 6.74	
(if not app	licable, indi	cate N/A)					
ISAN	Μ	THOMA.	<-	ρ		5/2/0	
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	L.	THOMA	S	V	.	49 70	
ELV: N	L.	THOMA	<u>S</u>			49°10 OWNe2	SH

The date of each amendment(s) ado	ption: 3-10-2020	, if other than the
date this document was signed.		
Effective date if applicable:	3 - 10 - 2020 (no more than 90 days after amendment file date)	
Interive date it appreciate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, turtment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amend icient for approval.	ment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	eved by the shareholders through voting groups. The following stack voting group entitled to vote separately on the amendment(s)	talement):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by Lund m	1. Thomas:	
,	(voting group)	
Dated	3-10-2020 from m. Thomas	
Signature	pear m. Thamas	
(By a dife selected,	ctor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe I fiduciary by that fiduciary)	been :r court
	SUSAN M THOMAS (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	<u></u>
_	(Title of person signing)	