P230000239

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**ECRETATA OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: CLEWISTON OIL	, INC.				
DOCUMENT NUM	D22000022070		<u> </u>			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	AHMAD SHEHADEH					
		Name of Contact Persor	1	_		
CLEWISTON OIL, INC.						
	Firm/ Company					
	1835 SOUTH STATE ROAD 7					
	Address					
	NORTH LAUDERDALE, FL 33068					
City/ State and Zip Code						
	AHMAD@EXPREZO.COM			_		
				PASS A	,	
For further informati	ion concerning this matter, pleas	se call:		SECRETAL TALL AHA	: ĵ	
AHMAD SHEHADEH		at (⁵⁶¹	248-1239		C E	
Name	e of Contact Person	Area Co	de & Daytime Telephone Numl	ber In co	ù	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	TATE	39 Y	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CLEWISTON OIL, INC.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P23000023979		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		71
name 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.	A professional corporation name must contain	
B. Enter new principal office address, if applicable:	2772 U.S. HWY 27,	^3
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CLEWISTON, FLORIDA 33440	2023 h
		5 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		紹介 골
		E ST ST
		7 H 39
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		
Name of New Registered Agent		
The try the tregistered ligen		-
(Florida s	treet address)	-
New Registered Office Address:	. Florida	
	(City) (Zip C	Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
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>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	2027 SEC
1) Change				2023 MAK 15 SECRETAR TALLAHA
Add				
Remove				PH 5:
2) Change				5: 39 STATE E. FL
Add				
Remove 3), Change				
Add				
Remove				
4) Change				
Add			•	
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. \square The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 TALLAHASSEE, F must be separately provided for each 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) 5/9/2023 Dated Signature dilector, president or other officer - 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) AHMAD SHEHADEH (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)