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## **COVER LETTER**

Division of Corporations		
SUBJECT: THE TECHNICAL	MADAD FOR PETR	OLEUM CONSULTATION VICES JOINT STOCK CO "LL
Name of Lim	ited Liability Company AND SER	PUICES JOINT STOCK CO "22
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
HOSPA	M ELLID  Name of Person	
HE TECHNICAL MADAD FOR	R PETROLEUM CONSU	ILTATION AND SERVICES SOID
	Firm/Company	
5080 LONGM	IEADOW PARK STR	EET
		_ 2
ORLANDO.	FLORIDA 328 City/State and Zip Code  d 76@gmail.co. to be used for future annual report notifi	川
	City/State and Zip Code	また こ
hosamelli	d 76 @gmail. co.	m o iii
		ication)
For further information concerning this matter, please ca	all:	Q.: 0
HOSAM ELLID  Name of Person	at () 407	7 - 316 - 5 9 5 4
Name of Ferson	Anea Code Paymine	reignone rumber
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE TECHNICAL MADAD FOR PETROLEUM CONSULTATION AND SERVICE	CES JOINT STOCK
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	CO "LLC"

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
F TECHNICAL MADAD FOR PETROLE UM CONS The new name must be distinguishable and contain the words "Limited Lial	SULTATION AND SERVICES JOINT STOCKOLD Libility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5080 LONGMEADOW PARKSTREE ORLANDO, FLOREDA, US 32811
Enter new mailing address, if applicable:	5080 LONGMEADOW PARK STREET
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA, US 32811
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	Fig. A. O.
New Registered Office Address:	20 P
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agen	it:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00