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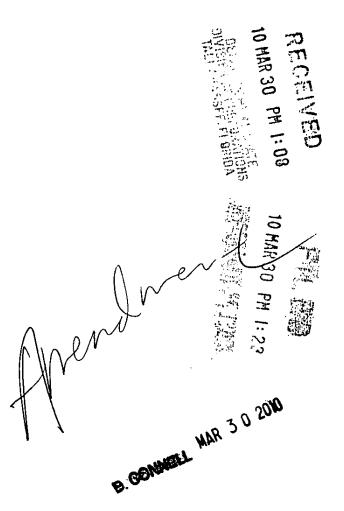
(Re	equestor's Name)	
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PICK-UP	X WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Petra	Project,	Inc.
DOCUMENT NUMBER: NO 900	3001095	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Lynda Jac (Name of	Contact Person)	
Petra Pro	roject, Inc	21
-5406 Ang	Address)	
OHandor (City/Stat	te and Zip Code)	
E-mail address: (to be used	Yango, Com d for future annual report notific	ation)
For further information concerning this matter, please	e call:	
Lynda Jacob OK (Name of Contact Person)	at (<u>813</u>) <u>42</u> (Area Code & Dayti	7-554/ me Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Departmen	at of State:
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	•
Division of Corporations	Division of Corporati	ons
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Dodra Duis	est Their	
(Name of Corporation as curr	ently filed with the Florida Dept. of S	State)
MAGADARA	200	· .
(Document Nur	nber of Corporation (if known)	<u></u>
	•	
suant to the provisions of section 617.1006, following amendment(s) to its Articles of la		Profit Corporation adop
If amending name, enter the new name o	-	
it amenuing name, enter the new name o	t the corporation:	
new name must be distinguishable and c	outsin the word "corporation" or "in	incomposated" on the
reviation "Corp." or "Inc." <u>"Company" o</u>		icorporatea or the
Enter new principal office address, if app	alian blar	
incipal office address <u>MUST BE A STREE</u>		
	·	
	; 	
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI		
,		
If amending the registered agent and/or i		nter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		. Florida
	' (City)	(Zip Code)
y Registered Agent's Signature, if changi	no Revistered Avent	
reby accept the appointment as registered tion.		ept the obligations of t
	Signature of New Registered Agent, if ch	

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) Title <u>Name</u> Address Type of Action E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

•	
The date of each amendm	ent(s) adoption: 3 129/3010
Effective date <u>if applicabl</u>	e: (dayk of addiption is fequired) (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/ was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Ì	By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	CEO Director (Title of person signing)

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