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SECRETARY OF STATE
TALLAHASSEE: FLORINA

## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	N & G 5	SERVICE STATION,	CORP.	
DOCUMENT NUMBER:	P02000112520	<u></u>		
The enclosed Articles of Amendm	ent and fee are submi	ated for filing.		
Please return all correspondence co	oncerning this matter	o the following:		
		GERSON ARENCIB	IΛ	
<del></del>	1	Name of Contact Perso	n	
		AAA FUELS, CORE	P.	
		Firm/ Company		
	319	5 N.W. 54TH STREE	r	
		Address		
		MIAMI, FL 33142		
	. (	lity/ State and Zip Cod	le	
	arenc	biagerson@gmail.con	1	
E-mail		or future annual report		
For further information concerning  GERSON ARENC		ll: at (305	986 - 1000	
Name of Contact P	erson	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made paya	ble to the Florida Dep	artment of State:	
	ficate 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 Sec			Address dment Section	
Division of Corp	orations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL	32314		n Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

N & G SERVICE STATION, CORP.

THE GODALICES			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	_	
P0200011	2520		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts the follo	owing amendinen	ıt(s) to
A. If amending name, enter the new name of the corporation:			
AAA FUELS, CORP.		The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name m	e abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<del>.</del>	
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 address and the registered of the re		17 AUG 24 SI CREITATIY TALLAHASSE	FILE
new registered agent and/or the new registered office addre	<u> </u>		Ü
Name of New Registered Agent		- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
		- <del> </del>	
(Florida s	street address)		
New Registered Office Address:	(Ciw) , Florida	Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the positi		
Signature of New	Registered Agent, if changing		

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	PT	John Do	<u>c</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Su	nith_		
Type of Action (Check One)	Title		Name		Address
1) Change		_		-	
Add					
Remove					
2) Change				-	
Add					
Remove					
3) Change		_		-	
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add				•	
					· · · · · · · · · · · · · · · · · · ·
Remove					
6) Change		<del></del>		-	
Add					
Remove					

Mach additional sheets, if necessary).	icles, enter change(s (Be specific)			
				<u>-</u>
				<del></del>
				<u></u>
an amendment provides for an excl	iange, reclassification	on, or cancellation o	of issued shares,	
provisions for implementing the ame	ndment if not conta	ined in the amendn	<u>ient itself:</u>	
(if not applicable, indicate N/A)				
·		-		
·				

•	AUGUST 18TH, 2017	
The date of each amendment(s) ad date this document was signed.	ption:	, if other than th
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requiren artment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the icient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amena	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	ted by the board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and sh	nareholder
DatedSignature	UST 18TH, 2017	
(By'a di sélected	ector, president or other officer – if directors or officers he by an incorporator – if in the hands of a receiver, trustee, d fiduciary by that fiduciary)	
	ANGEL ARENCIBIA	
-	(Typed or printed name of person signing)	
	PRESIDENT - DIRECTOR	
-	(Title of person signing)	

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