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15 JUL 13 PH 4: 00

*SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 1 5 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ARIAN PETROLE	UM CORP	
DOCUMENT NUMBE	PA6AAAA7070700		
The enclosed Articles of	Amendment and fee are sul	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
М	ORSHEDA A LUCKY		
		Name of Contact Person	ı
٨	RIAN PETROLEUM COR	P	
_		Firm/ Company	
8	10 5TH STREET	·	
-		Address	
1	LAKELAND, FL 33805		
		City/ State and Zip Code	
ashrafre	za61@yahoo.com		
	•	sed for future annual report	notification)
For further information of MORSHEDA A LUCK	oncerning this matter, pleas		558 2000
	·	at (863	558-2009
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	he following amount made [payable to the Florida Depa	rtment of State:
S35 Filing Fee	□S43.75 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)
Ameno Divisio P.O. B	ng Address Ilment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 13 PH 4:00

ARIAN PETROLEUM CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P06000079799	
(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 following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	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 must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Fater was maddless of applicables	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OF FICE BOX)	N/A
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	ess:
Name of New Registered Agent	
(Florida s	street address)
·	
New Registered Office Address:	(City) (Zip Code)
	(-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-
•	
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent. I am família	r with and accept the obligations of the position.
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	<u>PT</u>	John Do	<u>oe</u>				
X Remove	<u>v</u>	Mike Jo	<u>ones</u>				
X Add	<u>sv</u>	Sally Sr	<u>mith</u>				
Type of Action (Check One)	Title		Name		Address		
1) Change	D	_	ASHRAF REZA		810 5TH STREET		_
Add X Remove					LAKELAND, FL 33805		-
2) Change		-					_
Remove							_
3) Change							- JALI
Remove						JUL 13	WEIVEN PARTER
4) Change Add		····				=======================================	ED COF STAT EE. FLORI
Remove						00	ADA ATE
5) Change Add							-
Remove							-
6) Change			·				_
							-
Remove							

(Attach additional sheets, if necessary). (Be specific)	
N/A	
ं	SEC ALL
$\overline{\omega}$	78. 18.
£: 00	STAI LORI
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	DE.
(if not applicable, indicate N/A)	
N/A	

07/07/2015	10 .3 .3 .3 .
The date of each unconsiderity, adoption	, if other than the
date this document was signed.	
07/07/2015	
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 w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 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)	SEI ALI
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	FILED CRETARY OF LAHASSEE.F
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
July 7, 2015 Dated	STATE STATE STATE ORID
Signature Hursheda Aktor lucky	>
(By a director, 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)	
MORSHEDA A LUCKY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	