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COVI	ER LETTER
<u> </u>	<u> </u>
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Amsu Petro Inc	<u> </u>
DOCUMENT NUMBER: P08000013306	
The enclosed Articles of Amendment and fee are submitted for	
Please return all correspondence concerning this matter to the fo	
Amit Handa	
Name of	Contact Person
Amsu Petro Inc	<u> </u>
9040 Watercrest Circle W	i/ Gompany
Parkland, FL 33076	Address
City/ _i Sta	te and Zip Code
rakint@gmail.com	
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
Amit Handa	305 9754822
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the	
S35 Filing Fee S43.75 Filing Fee & S43.75 Certificate of Status Certific (Addition enclose)	Filing Fee & S52.50 Filing Fee d Copy Certificate of Status nal copy is Certified Copy d (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



		of [, o		
AMSU PETRO INC					
(Name	of Corporation as	currently	iled with the Florida Dep	t. of State)	
P08000013306					
	(Document)	Vumber of C	orporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Stat	utes, this Pla	orida Profit Corporation a	dopts the following amendn	ient(s) to
A. If amending name, enter the new na	ame of the corpor	ation:		The ne	w
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "I	nc," or Co eviation (P)	". A professional corpor 4."	orated" or the abbreviation name must contain the	าก
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_ _	9040 Watercrest Circle W		
		<u>3</u> 9	Parkland, FL 33076	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1]
			:	ASSELL FLORIDA	ILED
D. If amending the registered agent an	d/or registered o	 ffice address	 in Florida, enter the par	me of the	
new registered agent and/or the new				<u> </u>	
Name of New Registered Agent	Amit Handa	1 1111			
	9040 Watercrest	Circle W	l, 		
	(1	Florida street	address)		
New Registered Office Address:	Parkland			, Florida	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Register	ed Agent:		(Zip Code)	
- neresy accept the appointment as regist			1.440	s of the position.	
	Signature	of New Reg	Sigred Agent, If changing		

address of each Officer (Attach additional sheet Please note the officer/a P = President; V= Vice Executive Officer; CFO held. President, Treasur	r and/or D s, if necess lirector titl e President e = Chief I ver, Director d in the for vaves the c	irector being added: cary) be by the first letter of the cary; T = Treasurer; S = Secrificancial Officer. If an or or would be PTD. Illowing manner. Current orporation, Sally Smith is	office title: etary: D= Director: Th officerdirector holds m	Recer/director being removed and title, name, and Recer/director being removed and title, name, and Recer/director CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is nese should be noted as John Doe, PT as a Change.
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	PS	Suresh Kapai		13561 SW 77th Ct
AddX Remove	VPT.			Miami, FL 33156
2) Change	VPT ———	Amit Handa		9947 Coronado Lakes Dr
Add Remove 3) Change X Add Remove	P/VP/S	Amit Handa		9040 Watercrest Circle W Parkland, FL 33076
4) Change Add Remove				
5) Change Add Remove				
6) Change Add				
Remove				

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E. If amending or adding additional Articles, enter ch	ange(s) here:
(Attach additional sheets, if necessary). (Be specific)	·
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	1 1111
F. If an amendment provides for an exchange, reclassi provisions for implementing the amendment if not	ification, or cancellation of issued shares,
(if not applicable, indicate N/A)	
	10111
	1 1110 1:
	11.71

. .		11 W U	
•	November 01, 20		
The date of each amendment(s) ado date this document was signed.	ption:		, if other than the
Effective date <u>if applicable</u> : Novem	nber 01, 2017		
	(no more tha	in 90'days	after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.			atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adopt by the shareholders was/were suff		The number	er of votes cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for each	ach voting group entitled	to vote se	parately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/	were suffic	ient for approval
by			.
	(voting group)		
☐ The amendment(s) was/were adopt action was not required.	ted by the board of direct	ors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators	without sha	reholder action and shareholder
November 07 Dated	7. 2017		
Signature	Amit 10		
(By a dire selected.	ector, président or other of by an incorporator – if is	fficer if	directors or officers have not been of a receiver, trustee, or other court
appointed	fiduciary by that fiducia	ry)	or a receiver, tradice, or other court
A	mit Handa		
_	(Typed or print	ed name o	person signing)
V	ice-President		
		la of sarra	n signing)
	(11)	ile or perso	u signing)
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