Electronic Filing Cover Sheet

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	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN MECOL OIL TOOLS CORP.

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LAZARUS CORPORATE

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November 1, 2018

**** OT1-000T

FLORIDA DEPARTMENT OF STATE Division of Corporations

MECOL OIL TOOLS CORP. 1470 NW 107 AVENUE SUITE E MIAMI, FL 33172

SUBJECT: MECOL OIL TOOLS CORP.

REF: P09000033670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1 (ONE) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H18000314907 Letter Number: 918A00022568

RECEIVED

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SECRETARY OF STAT

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

MECOL OIL TOOLS C	ORP.				
P09000033670	(Name of Corporation	as currently filed with the P	lorida Dept. of State)		
	(Document	Number of Corporation (if k	nown)		
Pursuant to the provision its Articles of Incorporati	s of section 607.1006, Florida Station:	atutes, this Florida Profit Cor	poration adopts the following	owing amendment	(s) to
A. If amending name, e	inter the new name of the corpo	ration:			
				The same	
	shable and contain the word "o " or the designation "Corp," " essional association," or the abbi		or "Incorporated" or the national corporation name in	ne abbreviation	
B. Enter new principal	office address, if applicable:			500 B	
(Principal office address	MUST BE A STREET ADDRE	(22)			77
	•			불신 일	
				5.2	1
O 700					IT
C. Enter new mailing a	ddress, if applicable:				·
(manifeld man 622 1974)	Y BE A POST OFFICE BOX)			ب	
				_ ~ ~o	
		 -		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
D. <u>If amending the regis</u> new registered agent	tered agent and/or registered o and/or the new registered offic	ffice address in Florida, ent e address;	er the name of the		
Name of New Res	elstered Agent				
,					
		Florida street address)		_	
New Registered (Office Address:		, Florida		
		(City)		Zip Code)	
			,	•	
Same Dandards and a second					
hereby accept the appoin	Signature, if changing Registere	d Agent:			
y manage in appoint	iment as registered agent. I am	familiar with and accept the c	obligations of the positto	n,	
	Signatura	of New Registered Agent, if ci			
	~ignature i	o well wegistered Agent, if ci	hanging		
			-		

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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, Example:

X Change	<u>PT</u>	John Doe	
X Remove	$\overline{\Lambda}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	D	FAUSTO PIETROBELLI	1470 NW 107 AVENUE SUITE E
Add X Remove			MIAMI, FL 33172
2)Change	<u>D</u>	ALEJANDRO PIETROBELLI	1470 NW 107 AVENUE SUITE E
Add X Remove			MIAMI, FL 33172
3) Change			
Add			
4)Change			
Add Remove			
5) Change		·	
Remove			
6) Cluange			
Remove			

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Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
`` \	
<u> </u>	
_	
an amendment provides for an exchi- rovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or concellation of issued shares, adment if not contained in the amendment Itself:

Page 3 of 4

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: OCTOBER 15, 2018	
(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 a document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
action was not required.	
OCTOBER 15, 2018	
Signature Milastinide	
(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)	
CLAUDIO PIETROBELLI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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