P09000036840

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:		Petra Services, Inc.
		P09000036840
The enclosed Articles	s of Amendment and fee a	re submitted for filing.
Please return all corre	espondence concerning thi	s matter to the following:
_		Oliver Huttner
	, N	ame of Contact Person
	Manager	nent Tax Consulting, Inc.
		Firm/ Company
	4420	O
	4430	Orchid Blvd Suite 202 Address
	Ca	pe Coral, FL 33904
	C	ty/ State and Zip Code
		:::
	E-mail address: (to be use	rida@gmail.com I for future annual report notification)
For further information	on concerning this matter,	please call:
Oli	iver Huttner	at (239) 645-4208
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount m	ade payable to the Florida Department of State:
☑\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (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

Articles of Amendment to Articles of Incorporation of

Petra	Services, Inc.		- *	_ *	703	
(Name of Corporation as curi	rently filed with the Flo	orida Dept. o	f State)			
P09	9000036840					i de
(Document Nu	mber of Corporation (if	known)			Services	් රැ
rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	06, Florida Statutes, thi	is <i>Florida Pro</i>	ofit Corpor	ration adop	ts the fol	low
If amending name, enter the new name of	of the corporation:					
					_The new	,
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "pro	e designation "Corp,"	"Inc," or "Co	". A prof	fessional co		
Enter new principal office address, if app	<u>plicable:</u>					
						
Enter new principal office address, if apprincipal office address MUST BE A STREE						
incipal office address <u>MUST BE A STREI</u>	ET ADDRESS)					
incipal office address MUST BE A STREI Enter new mailing address, if applicable	<u>ET ADDRESS</u>)					
incipal office address <u>MUST BE A STREI</u>	<u>ET ADDRESS</u>)					
incipal office address <u>MUST BE A STREI</u> Enter new mailing address, if applicable	<u>ET ADDRESS</u>)					
incipal office address <u>MUST BE A STREI</u> Enter new mailing address, if applicable	<u>ET ADDRESS</u>)					
incipal office address <u>MUST BE A STREI</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u>	e: ICE BOX	ess in Florida,	enter the	name of th	<u>e</u>	
Fincipal office address MUST BE A STREE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e: ICE BOX	ess in Florida,	enter the	name of th	<u>e</u>	
incipal office address <u>MUST BE A STREI</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u> If amending the registered agent and/or	e: ICE BOX	ess in Florida,	enter the	name of th	<u>e</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	e: ICE BOX	ess in Florida,	enter the	name of th	<u>e</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	ET ADDRESS) E: ICE BOX registered office address:		enter the	name of th	<u>e</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	e: ICE BOX				<u>e</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	ET ADDRESS) E: ICE BOX registered office address:		enter the	ida	<u>e</u>	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Michael H Maulhardt	628 SW 21st Ter Cape Coral, FL 33991	☑ Add ☐ Remove
	- .—.		
(attach ad	dditional sheets, if necessary). (Be s	specific)	
<u>provisio</u>	nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendme	ent(s) adoption: 04	4/22/2011		
Effective date <u>if applicable</u>	: 04/22/2011	(date of adoption is required)		
•	(no more than !	(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (<u>C</u> I	HECK ONE)		
The amendment(s) was/v by the shareholders was/		e shareholders. The number of votes cast for the amendment(s) approval.		
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):		
"The number of vote	es cast for the amer	ndment(s) was/were sufficient for approval		
by	(voting group)			
action was not required.		e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder		
se		dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court		
		Petra Maulhardt		
	(ly	ped or printed name of person signing)		
	(m). /	President		
	(Title o	f person signing)		