P0900074136

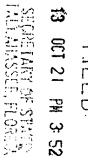
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COUNT	RY FOOD & GAS, INC.			
DOCUMENT NUMBER: P0900074136				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:			
TIM A HAMED, CPA				
Name of Contact Person TIM A HAMED, CPA, P.A.				
Firm/ Company 15310 AMBERLY DRIVE, SUITE 250				
TAMPA, FL 33647				
	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter.	please call:			
TIM A HAMED	_{at (} 813 ₎ 514-2905			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount i	nade payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta				
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

COUNTRY FOOD & GAS INC.					
(Name of Corporation as currently filed with the Flor	ida Dept. of State)		•		
P0900074136 (Document Number of Corporation (if k	nown)		-		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	·	n adopts the following	g ame	ndment	(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 "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	". A professional corp		- hbrevi	ation	
B. Enter new principal office address, if applicable:	N/A	<u> </u>	130	71	ż
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		설록	2		•
			- ယု	٠.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A) () () () () () () () () () (\$ 2		
			-		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent MOHAMMAD ABL		name of the	-		
Name of New Registered Agent 12020 E. DR. MARTIN LL					
(Florida street					
New Registered Office Address: SEFFNER	, Flori	_{ida} 33584			
(City)		(Zip Code)	-		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Age		ions of the position.			

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	Р	HAMMAD, TARIQ	12402 PAMPAS PL.
Add			TEMPLE TERRACE, FL
Remove			33617
2) Change	Р	MOHAMMAD ABU HASSAN	12020 E. DR. MLK JR. BL
Add			SEFFNER, FL 33584
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

(Attach additional sheets, if necessary).	rticles, enter change(s) here: . (Be specific)
N/A	
<u> </u>	
E If an amandment provides for an eve	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
······································	

The date of each amendment(s)	adoption:	if other than the
date this document was signed.	OT 45 0040	
Effective date if applicable:	CT 15, 2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated OCT 1	5, 2013	
Signat ure X	T Ass	
(By a	director, president of other officer if directors or officers have not been	_
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	TARIQ HAMMAD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	