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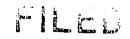


8/27/12

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: GREATER ANTILLES OIL, CORP				
DOCUMENT NUMBER: P11000059099				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	ROBERTO E MA	СНО		
		Name of Contact Persor		
	GREATER ANTIL	LES OIL, <u>CORI</u>	<u> </u>	
		Firm/ Company		
	5695 W FLAGLE	R STREET		
	Address			
MIAMI FL 33134-1072				
		City/ State and Zip Code	e	
RN	RMACHO@UHY-MACHO.COM			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ROBERTO E MACHO <u>at (</u> 305 <u>)</u> 503-2700				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 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)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation



GREATER ANTILLES OIL, CORP

2012 AUG 24 PM 12: 23

(Name of Corporation as currently filed with the Florida Dept. of State)
P11000059099

SECRE FARY OF STATE
TALLAHASSEE FLORIDA

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

me must be distinguishable and cont orp.," "Inc.," or Co.," or the design	tain the word "corp	poration," "company,"	or "incorp	porated" or the ab
rd "chartered," "professional associat	tion," or the abbrevi	iation "P.A."	nonur corpo	tation name must e
Enter new principal office address, i incipal office address MUST BE A ST		N/A		
Enter new mailing address, if applic (Mailing address <u>MAY BE A POST (</u>		N/A		
If amending the registered agent an	d/or registered offic	ce address in Florida,	enter the na	me of the
	v registered office a	ddress:	enter the na	me of the
	V registered office a JOSE SANO	address: CHEZ		me of the
new registered agent and/or the new	JOSE SANO 5695 W FLA	address: CHEZ AGLER STRE		me of the
new registered agent and/or the new Name of New Registered Agent	JOSE SANO 5695 W FLA	address: CHEZ	ET	-
	JOSE SANG 5695 W FLA	address: CHEZ AGLER STRE	ET	me of the - a 33134 (Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: Registered Agent's Signature, if ch	JOSE SANGE 5695 W FLA	Address: CHEZ AGLER STRE orida street address) (City) Agent:	ET, Florida	- a 33134 (Zip Code)
Name of New Registered Agent	JOSE SANGE 5695 W FLA	Address: CHEZ AGLER STRE orida street address) (City) Agent:	ET, Florida	- a 33134 (Zip Code)

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 Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	i <u>th</u>	
Type of Action (Check One)	<u>Title</u>]	<u>Name</u>	Address
1) Change	V		FRANCSICO PLASCENCIA	700 BILTMORE WAY, APT. 704
Add				CORAL GABLES FL 33134
X Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		 .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
D				

If amending or adding additional Arti (Attach additional sheets, if necessary).	
I/A	(-
I/A	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption	on: <u>08/22/2012</u>
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 08/22/20	$\frac{12}{1000}$
selected, by	or, president or other officer – ix directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court ductary by that-fidueiary)
JC	SE SANCHEZ
	(Typed or printed name of person signing)
PF	RESIDENT
	(Title of person signing)