

P120000084248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

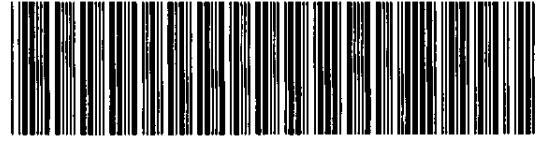
(Business Entity Name)

(Document Number)

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2012 OCT 23 PM 5:00  
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FILING OFFICE  
TOLSON

10/18/12--01014--007

*Amens*

OCT 23 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2012

MANUEL GUERRERO  
P O BOX 133498  
HIALEAH, FL 33013-0498

SUBJECT: CLKC CORPORATION  
Ref. Number: P12000084248

We have received your document for CLKC CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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

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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 412A00025786

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CLKC Corporation

DOCUMENT NUMBER: P12000084248

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Guerrero

Name of Contact Person

Firm/ Company

PO Box 133498

Address

Hialeah, FL 33013-0498

City/ State and Zip Code

brittguyana\_oilcorp@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Guerrero at (305) 632-9126

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

CLKC Corporation

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

P12000084248

(Document Number of Corporation (if known))

FILED  
2012 OCT 23 PM 5:00  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

11406 NW 75 Terrace

Miami, FL 33178

USA

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

11406 NW 75 Terrace

Miami, FL 33178

USA

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*





The date of each amendment(s) adoption: October 17, 2012

Effective date if applicable: N/A  
*(no more than 90 days after amendment file date)*

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 cast 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.

Dated October 17, 2012

Signature Cesar Portillo  
*(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)*

Cesar Portillo  
*(Typed or printed name of person signing)*

President  
*(Title of person signing)*