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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: WELL CONTROL LOGGING B&B INC DOCUMENT NUMBER: P13000046306 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LINO ARAUJO Name of Contact Person WELL CONTROL LOGGING B&B INC Firm/ Company 15010 SW 10 ST Address **MIAMI FL 33194** City/ State and Zip Code JACP2002@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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WELL CONTROL LOGGING B&B INC

2017 NOV 22 PY 2: 45

(Name of Corporation as current	ly filed with the Florida Dept. of State)
13000046306	grande (1986)
(Document Number of	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or cord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
tFlorida st	(reet address)
New Registered Office Address:	, Florida
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
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)

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LINO ARAUJO	15010 SW 10 ST
XAdd			MIAMI FL 33194
Remove			
2) Change	VP	VICTOR BERNAL	Urbanizacion Doral Sur Calle 49CG
Add			MARACAIBO 40005
X Remove			
3) Change	D	ANDREINA BERNAL	15010 SW 10 ST
Add			MIAMI FL 33194
X Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			-
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment	· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed. Effective date if applicable:	11/20/2017	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date Department of State's records.	nte will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	e approved by the shareholders through voting groups. The following statem d for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
11/20/ Dated		
se	y a director, president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	LINO ARAUJO	
	(Typed or printed name of person signing)	.
	PRESIDENT	
	(Title of person signing)	