## P13000067082

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SECRETARY OF STATE

JUL 22 2016

**C LEWIS** 

## **COVER LETTER**

TO: Amendment Section

Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAGAR SAHA Name of Contact Person SLP OIL INC, Firm/ Company
1401 WEST WATERS AVE

Address

TAMPA FL. 33604

City/ State and Zip Code ACTIVEOIL@HOTMAIL. COM For further information concerning this matter, please call: at (8/3) 892 6965

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

to

## Articles of Incorporation

FILED SECRETARY OF STATE BYISTON OF CORPORATIONS

	_ of		
5+	P 0:	1 Inc.	2016 JUL 15 PM 4: 11
(Name of Corpo	ration as currently	y filed with the Florid	a Dept. of State)
		P1300	0067082
	. 37 1 6		<u>,                                    </u>
(De	ocument Number of	Corporation (if known	)
Pursuant to the provisions of section 607.1006, Flaits Articles of Incorporation:	orida Statutes, this I	Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name of the	te corporation:		
			The new
name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "C the abbreviation "I	Co". A professional c	
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u> )			
Timesput office unaress most be ASTREET	1DDKL93)		
			·
<u> </u>			
C. Enter new mailing address, if applicable:	י אמעי		
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	<u> </u>	<del></del>
D. If amending the registered agent and/or reg			he name of the
new registered agent and/or the new registe	red office address:	<b>L</b>	
Name of New Registered Agent			
THE PARTY AND STREET AND ADDRESS OF THE PARTY			
	(Florida stre	eet address)	
Now Posistaned Office Address			Mari da
New Registered Office Address:	<del> </del>	(City)	, Florida (Zip Code)
	,	(0.113)	(Zip Couc)
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered age	nt. I am familiar w	vith and accept the obli	gations of the position.
•	Signature of New Re	egistered Agent, if char	nging
	_		<del></del>

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	PT	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	$\underline{\vee}$	SAGAR SAHA	1004 ECKLES DR.
_X Add			TAMPA FL. 33612
Remove			
2) Change	5	SARAJIT SAHA	1401 WEST WATER AVE
Add			TAMPA FL 33604
Remove 3) Change	P	ASRU SAHA	1401 WEST WATERS AVE
Add			TAMPA FC. 33604
Remove			
4) Change		***************************************	
Add			-A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

(At	If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
	,		
. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		

The date of each amendment(s) ac	loption:	f lift other than the
date this document was signed.		SCURL TARY OF STATE BVISION OF CORPORATION
Effective date <u>if applicable</u> :		- 2818 JUL 15 PM 4:
	(no more than 90 days after amendment file date)	2010 002 13 111 4- 11
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendation of the approval.	ment(s)
	proved by the shareholders through voting groups. The following stack 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and share	eholder
action was not required.	ppted by the incorporators without shareholder action and sharehold	ier
Dated	7/11/16 17 ()	
	Raler	
Signature (By a d	irector, president or other officer – if directors or officers have not	been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	
	ASRU SAHA	
	(Typed or printed name of person signing)	
	PRESIDENT.	
	(Title of person signing)	