## P13000085545

(Re	equestor's Name)				
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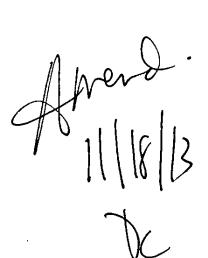
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## **COVER LETTER**

Division of Corporations			
NAME OF CORPORATION:	TABOIL IN	С	
DOCUMENT NUMBER: P1	300008554	5	
The enclosed Articles of Amenda			
Please return all correspondence	concerning this ma	tter to the following:	
JOSE	PH BOYLA	N	
		Name of Contact Person	1
		Firm/ Company	**************************************
600 B	YPASS DR	SUITE 104	
CLEA	DWATED F	Address	
CLEA	RWATER F	City/ State and Zip Cod	
		BOYLAN.COM sed for future annual report	!/
E-mai	i address: (to be us	sed for future annual report	notification)
For further information concerning	g this matter, pleas	se call:	
JOSEPH BOYLAN		at (727	796-4970
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
• • • • • • • • • • • • • • • • • • • •	.75 Filing Fec & tificate 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	Atticies of incorb	OI MINUD			
TABOIL INC.	of				Same.
				🤶 🚤	more i
(Name of Corporation as curre	ently filed with the Flori	da Dept. of State)	,	i 31	13
P13000085545				্ৰ 🛣	Singer di
(Document Nun	nber of Corporation (if kn	own)	18 j	[1] 고	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flo	rida Profit Corporation ado <sub>l</sub>	ots the following	amendme	nt(s) to
A. If amending name, enter the new name of	the corporation:				
			7	he new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"  B. Enter new principal office address, if app (Principal office address MUST BE A STREE	"Corp," "Inc," or "Co" or the abbreviation "P.A licable:	'. A professional corporati	on name musi co	ntain the	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)					
D. If amending the registered agent and/or a new registered agent and/or the new registered Agent  Name of New Registered Agent		in Florida, enter the name	of the		
	(Florida street	address)			
V 9 1 100 411		P124-			
New Registered Office Address:	(City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of			of the position.		
Signatui	ie ni nem vekrieien ukr	m, y 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.

X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title D	Name Herlander Emanuel Corriea DaGloria	Address  Av Sao Joao De Deues Lt13 3dto  Portimao, Portugal 8500509
2) Change Add Remove			
Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
4) Change Add Remove	•		
5) Change Add Remove	<del></del>		
6) Change Add Remove			

Page 2 of 4

	ding additional Ar sheets, if necessary)	(Be specific)	<del></del>		
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n omendment	nrovides for an ex	rehange reclossi	fication or conce	llation of issued sha	ree
visions for in	nplementing the ar	mendment if not	contained in the	amendment itself:	• • • • • • • • • • • • • • • • • • • •
4	able, indicate N/A)	l			
(if not applic				<del>,</del>	
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The date of each amendment(s) a	doption: 10/25/2013	, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 11/05/2	013	
Signature Anth	nony Tanner	
(By a c selecte	director, president or other officer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	<del></del>