P140000005289

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14 FEB 27 PH 4: 18

C. LEWIS
FEB 2 7 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

	RATION: NORTHWE BER: P1400000528		COMPANY INC.			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this mat	tter to the following:				
	M.Zimmermann					
	Name of Contact Person					
	Concept Consult Inc.					
	Firm/ Company					
	1451 West Cypress Creek Road Suite 300					
		Address				
	Fort Lauderdale,	FI 33309				
		City/ State and Zip Code	•			
US	corporation@aol.	com				
		sed for future annual report	notification)			
For further information concerning this matter, please call:						
M.Zimmerma	ann	· at (954	, 7690099			
Name	of Contact Person	Area Co	de & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street Address				
	endment Section rision of Corporations	Amendment Section Division of Corporations				
	D. Box 6327	Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle						
Tallahassee, FL 32301						

APPROVED AND FILED

Articles of Amendment to **Articles of Incorporation**

14 FEB 27 PM 4: 18

SECRETARY OF STATE TALLAMASSES, FLORIDA

NORTHWEST OIL & GAS COMPANY INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P14000005289

nent(s) to

(Documen	t Number of Corporation	(if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporat	ion adopts the following amends
A. <u>If amending name, enter the new na</u> NORTHWEST OIL & GA	•	OMPANY INC.	The n
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviati orporation name must contain t
B. Enter new principal office address, i	if applicable:		
Principal office address <u>MUST BE A S</u>		N/A	<u> </u>
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	14/7	
		 	
D. If amending the registered agent an			e name of the
new registered agent and/or the nev		<u>ss:</u>	
Name of New Registered Agent	N/A		 -
	(Florida	and Head	
	N1/A	street address)	
New Registered Office Address:			lorida
	(Cit	y)	(Zip Code)
New Registered Agent's Signature, if cl			
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the oblig	gations of the position.
Sis	anature 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.

<u>PT</u>	John De	<u>oe</u>	
<u>v</u>	Mike Jo	one <u>s</u>	
<u>sv</u>	Sally St	<u>nith</u>	
<u>Title</u>		Name	<u>Addres</u> s
coc)_	THOMAS WENT	1451 W CYPRESS CREEK
			SUITE 300
			FT LAUDERDALE FL 3330
	<u> </u>		
			
			
	_		
	<u>V</u> <u>SV</u> <u>Title</u>	V Mike Jo	V Mike Jones SV Sally Smith Title Name

E. If amending or adding additional Articles, enter change(s) here:							
(Attach a	dditional sheets, if	necessary).	(Be specific)				
			.				
		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
		•					
F. <u>If an am</u>	endment provide ons for implement	<u>s for an excha</u>	nge, reclassif	<u>ication, or сап</u>	<u>icellation of is</u>	sued shares,	
<u>provisi</u>	ons for implement	ting the amen	<u>dment if not c</u>	contained in th	<u>ie amendment</u>	<u>t itself:</u>	
(if	not applicable, ind	licate N/A)					
				•••		·	
•							
				 			

APPROVED AND FILED

. The date of each amendment(s) add	nption: 14 FEB 27 P	H 4: 18	, if other than the
date this document was signed.	SECRETARY ALL AHASSES	F S DATE	
Effective date if applicable:	(no more than 90 days after amendment		_
	(no more man 20 days ager amenament.	,no uuroj	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ador by the shareholders was/were suf	ted by the shareholders. The number of votes cast fo icient for approval.	r the amendment(s)	
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the ac		
•	or the amendment(s) was/were sufficient for approval		
by	(voting group)	,,,	
	(voting group)		
The amendment(s) was/were adoption was not required.	ted by the board of directors without shareholder acti	on and shareholder	
The amendment(s) was/were adoption was not required.	ted by the incorporators without shareholder action a	nd shareholder	
Dated 01/22/20	14		
Signature _ , A.			
(By a di selected	ector president or other officer – if directors or offic by ah incorporator – if in the hands of a receiver, tru d fiduciary by that fiduciary)		_
	JOACHIM H HAAS		
-	(Typed or printed name of person si	gning)	
	PRESIDENT		_
-	(Title of person signing)		_