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SIVISION OF CORFORATIONS

C. <u>LEWIS</u> JUN 30 2014 EXAMMER

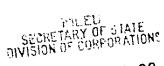
## COVER LETTER

TO: Amendment Se Division of Cor	porations			
NAME OF CORPO	DRATION: <b>PETRO</b> 1BER: <u>P14 000</u>	VIA ST.	REST	INC
DOCUMENT NUM	IBER: <u>P14</u> 000	00 60	72	
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following	<b>;</b>	
	CHARLOS  CHARLOS  CHARLOS  CHARLOS  MOY WOST  E-mail address: (to be us	City/ State and Z	330 Y0 Cip Code	
For further informati	on concerning this matter, pleas		тероге полисал.	
CHUCK	WEITZ GZ e of Contact Person	at (_ <b>3</b> (	05 3	04-4217
Enclosed is a check t	for the following amount made p	payable to the Flori	da Department o	f State:
\$35 Filing Fec	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)	Cert by is Cert (Add	.50 Filing Fec ificate of Status ified Copy ditional Copy nclosed)
Ar Di P,	niling Address nendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	- <u>-</u>	Street Address Amendment See Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations g Center Circle

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## Articles of Amendment to Articles of Incorporation of



PETROMA STRUCT INC.	14 JUN 16 PM 1: 32
PETNOMA STRUET INC.	orida Dept. of State)
P14 00000 6072	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
PETRONIA STORE INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation To". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	500 SIMONTON STROOT
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	500 SIMONTON STROOT MOST FL 33040
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 SIMONTON STRUCT HOY WEST per 33040
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent	<u> </u>
• . •	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Registered A	geni, ij 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: XChange	<u>PT</u>	<u>Joh</u>	<u>1 Doe</u>			
X Remove	<u>v</u>	<u>Mik</u>	e Jones			
X Add	<u>sv</u>	<u> Sall</u>	y Smith	•	,	
Type of Action (Check One)	<u>Ti</u>	tle	<u>Name</u>			<u>Addres</u> s
1) Change	_				 	
Add						<del></del>
Remove						
2) Change	1 1 114			11		
Add			<del></del>		 	
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3) Change						
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5) Change	_				 	
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Add	$i = i^{i} \overline{Q^{i} c}$					
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tach additional sheets, if necessary)	rticles, enter ch: ). (Be specific)			
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an amendment provides for an ex	change, reclass	ification, or cance	llation of issued	shares,
	nendment if not	contained in the	amendment itsel	<u>:</u>
rovisions for implementing the an				
rovisions for implementing the an (if not applicable, indicate N/A)				
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	PALED CAPPORTADY OF CLAVE	
The date of each amendment(s) ad	loption: JUNE 4, 20 1 SECRETARY OF STATE	, if other the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
Dated	f & 2014 a	
Signature	Mun I	
selected	by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	JEAN PHARK HUED	
-	(Typed or printed name of person signing)	<del></del>
1 1000 10	A STATE OF THE STA	
_	PRUSIDENT	
	(Title of person signing)	
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