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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OIL ENT	ERPRISE INTERNATIONAL, INC.
DOCUMENT NUMBER: P14000	046714

The enclosed Articles of Amendment and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

BRIAN BLACHLY

Name of Contact Person

OIL ENTERPRISE INTERNATIONAL, INC.

Firm/ Company

4000 TOWERSIDE TERRACE, SUITE 1109

Address

MIAMI, FLORIDA 33138

City/ State and Zip Code

<u>BRIAN@OILENT.COM</u>

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN BLACHLY

 $_{\rm at}(305-467-3016)$

Name of Contact Person

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 & Certificate 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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

<u>OIL ENTERPRISE I</u>NTERNATIONAL, INC.

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

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association." or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4000 TOWERSIDE TERRACE, SUITE 1109
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33138
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4000 TOWERSIDE TERRACE, SUITE 1109
	MIAMI, FLORIDA 33138
D. <u>If amending the registered agent and/or registered office address</u> new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent BRIAN BL	ACHLY Egg 🕏
4000 TOWERSIDE 1	FERRACE, SUITE 1109 Treet address) ARE TAR A
	treet address)
New Registered Office Address: MIAMI	
(City	Florida 33138 产品
\wedge	TE ANDA
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. A spi Swiliar	
Thereby access the association as registered agent. The popular	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> Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
() Change	_P,S	ROBERT RILEY	12864 BISCAYNE BLVD #276
Add			NORTH MIAMI, FLORIDA 3318
Remove			
2) Change	<u>P,T</u>	BRIAN BLACHLY	4000 TOWERSIDE TERRAC €
Add			SUITE 1109
Remove			MIAMI, FLORIDA 33138
3) Change	S	RICHARD LEVINE	4000 TOWERSIDE TERRAGE
Add			SUITE 1109
Remove			MIAMI, FLORIDA 33138
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament if not contained in the amendment itself:
1	
40.20	

The date of each amendment(s) ad date this document was signed.	option:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated JUNE 20), 2014	
Signature P	obert A. Rley	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ROBERT A. RILEY	
-	(Typed or printed name of person signing)	
	INCORPORATOR	
-	(Title of person signing)	_