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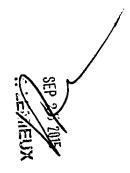
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: GMS OIL INVESTMENTS INC.
PL400056059 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CAMAL ABDELBAKY
Name of Contact Person Name of Contact Person

GMS OIL INVESTMENTS INC.

Firm/ Company

19090 BRUCE B. DOWNS

Address

TAMPA, FL 33647

City/ State and Zip Code MILIGYG WAHOO - COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (201 ) 320-0435 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **12**\$43.75 Filing Fee & ☐ \$35 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

## **Articles of Amendment** to Articles of Incorporation of

GMS OIL FNOES IMEN'S IN	/c.
	as currently filed with the Florida Dept. of State)
P14000056059	
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ogration:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida , , ,
	(City) (City)
New Registered Agent's Signature, if changing Registe	ered Agent: m familiar with and accept the obligations of the position.
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
Sionatu	re 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.

Mike Jones, v as Keme	ove, ana sa	uy smun, sv	as an Aaa.		
E <b>rample:</b> X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones	!		
X Add	<u>sv</u>	Sally Smith	1		
Type of Action (Check One)	Title	<u>Na</u>	ame		<u>Addres</u> s
1) Change	NP	<u>'</u>	Moataz	Darwish	11303 N. Dale Mabry Hu Tampa FL 33618
Add					Tampa FL 33618
2) Change					
Add					
Remove					
3) Change				- Andrews (AP) AND A	
Remove					
4) Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Add					
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5) Change Add			<del></del>		
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O Change		. <u></u>		-	
Add					
Remove					

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		ditional sheet	ts, if necessary).	icles, enter chan (Be specific)				
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The date of each amendment(s) adopted date this document was signed.	on: 8/31	15		, if other than the
Effective date if applicable:				
	(no more than	90 days after amendmen	t file date)	
Note: If the date inserted in this block of document's effective date on the Department.		cable statutory filing rec	quirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted to by the shareholders was/were sufficient		e number of votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each to				
"The number of votes cast for the	amendment(s) was/wer	re sufficient for approval		
by			, »	
	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors	without shareholder acti	on and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators with	out shareholder action ar	nd shareholder	
Dated 8/31	15	<del></del>		
Signature		·		
selected, by an	incorporator - if in the	er - if directors or office hands of a receiver, trus		
	ciary by that fiduciary)	•		•
<u>G</u>	AMAL ABD.	ELBAKY name of person signing)		
	(Typed or printed n	ame of person signing)		
<u>ጎ</u>		7/1/1/1		

(Title of person signing)