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COR AMND/RESTATE/CORRECT OR O/D RESIGN REPRESENTACIONES, ESPECIALIDADES PETROLERAS Y SERVICI

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: REPRESENTACIONES, ESPECIALIDADES PETROLERAS Y SERVICIOS REPS.INC. DOCUMENT NUMBER: P15000017568	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
NELLY CADAGAN	
Name of Contact Person	_
REPRESENTACIONES, ESPECIALIDADES PETROLERAS Y SERVICIOS REPS, INC	
Firm/ Company	_
5440 N STATE ROAD 7 SUITE 221	
Address	
FORT LAUDERDALE FL 33319	_
City/ State and Zlp Code	
nellycadagan@hotmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
NELLY CADAGAN Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Num	
Name of Contact Person Area Code & Daytime Telephone Num	iber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)	
<u>Mailing Address</u> Amendment Section Street Address Amendment Section	

Amendment Section
Division of Corporations
P O. Box 6327
Tallahassee, FL 32314

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

((15000056274 3)))

15 MAR 23 44 10: 46

Articles of Amendment to Articles of Incorporation of

<i>i</i> 1.	in a Milh

REPRESENTACIONES, ESPECIALIDADES PETROL	ERAS Y SERVICIOS REPS,INC	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	•
(Document Number of Corporation (if k	nown)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation:	orida Profit Corporation adopts the following	g smendment(s) to
A. <u>Camending name, enter the new name of the corporation:</u> N/A		The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must	bbreviation
•	N/A	
B. Enter new principal affice address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
		-
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	_
		-
D. If amending the registered agent and/or registered office addre	es in Florida, enter the name of the	_
new registered agent and/or the new registered office address:		
Name of New Registered Agent N/A		
/Florida stre	et address)	
	Florida	
New Registered Office Address: (City)	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position	
Signature of New Registered A	geni. if changing	

to among the Univers and/or pirectors, 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)

Example:

Please note the officer/director little by the first latter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustes; 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 Dae, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Doc	•
X Remove	<u>∨</u> Mike	Jones	
_X Add	SY Sally	Smith	
Type of Action (Check One)	Title .	Name	Address
1) Change	<u>s</u>	LUIS A MAZZA R	5440 N STATE ROAD 7 SU
Add.	···•		FORT LAUDERDALE FL 33
Remove			
2) Change	T	GUIDO MAZZA	5440 N STATE ROAD 7 SU
Add			FORT LAUDERDALE FL 33
Remove			
3 } Change	· /		·
Add	•		
Remove	,		
4) Change			
Add			
Remove		·	
5. Change			
Add			,
Remove			,
4 Change	on Million	and the state of t	* *** * *** **************************
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1-2015 D	CAX PM CBS	9547140811
ritach addillour	al sheets, if necessary). (Be specific)	
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		and and a second and a second
if an amendme	nt provides for an exchange, reclassification, or	CARCELLADOR OF 133MER SHAFES,
provisions for	implementing the amendment if not contained in	n the amendment useu:
	licable, indicate N/A)	
4		
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		· · · · · · · · · · · · · · · · · · ·
		-

date this document was signed.

Effective date if applicable: 03/05/2015

	(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 east for the amendment(s) efficient 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	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder

Signature

2/033N (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LUIS A MAZZA R

(Typed or printed name of person signing)

VICEPRESIDENT

(Title of person signing)