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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: [IG FU]	EL CORPORATION, INC
DOCUMENT NUMBER: P15000020	
The enclosed Articles of Amendment at	nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
JULIANA H PIE	TA
	Name of Contact Person
TAX CONTROL	LER
	Firm/ Company
750 E SAMPLE	ROAS BLDG 3 BAY 5
	Address
POMPANO BEA	CH, FL 33064
	City/ State and Zip Code
CELIACRISTINAMIL	LS@GMAIL.COM
	ess: (to be used for future annual report notification)
For further information concerning this r	natter, please call:
JULIANA H PIETA	at (954) 301-1848
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following an	nount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Fil Certificate	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Articles of Amendment to Articles of Incorporation of

IG FUEL CORPORATION, INC.		
(Name of Corporation as cu	rrently filed with the Florida Dep	ot. of State)
P15000020815		
(Document Nun	nber of Corporation (if known)	***
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> a	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corp," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable:		20 2
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		25 0
		PH - TI
		- SA
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		ên ç
		and the state of t
D. If amending the registered agent and/or registered office		me of the
new registered agent and/or the new registered office ac	ddress:	
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
N. D. Lee M. C.		
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fan	Agent: wiliar with and accent the obligation	us of the position
Tamiyan	man will die decept the congune	na oj ine position.
4		
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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	D	EMERSON FITTIPALDI	C/O 1001 BRICKELL BAY DR
Add			9TH FL MIAMI FL 33131
Remove 2) Change	TREA	CELIA CRISTINA MILLS	3220 SW 15TH STREET
X Add			DEERFIELD BEACH FL 33442
Remove			
3) Change			
Add		•	
Remove			***************************************
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
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f an amondment provides for an evol	ange reclassification or cancellation of issued shares	
f an amendment provides for an exclusions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
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provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	

	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Signature Signature	<u>. </u>
(By a director, president or order officer – if directors or officers have not been scleeted, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) FERNANDO AZEVEDO FANTAUZZI FERNANDO AZEVEDO FANTAUZZI (Typed or printed name of person signing)	MIU AZE VEZO FONTALEO
(Typed or printed name of person signing)	tart distable or one of the completion distribution of a miner
PRESIDENT	
(Title of person signing)	Market Annual Control of the Control