715000023583

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PETRA LOGISTICS, INC. DOCUMENT NUMBER: P15000023583					
The enclosed Articles of Amendment and fee a	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
HUSSEIN ALI	HALAHLEH				
	Name of Contact Person				
PETRA LOGIS					
	Firm/ Company				
1115 ALICIA F	·				
	Address				
KISSIMMEE,	FL 34747				
	City/ State and Zip Code				
	·				
jrw200@live.com					
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter,	please call:				
	•				
HUSSEIN ALHALAHLEH	at (407) 276-1400				
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:					
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta					
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

PETRA LOGISTICS, INC.		
(Name of Corporation as currently filed with the F	lorida Dept. of State)	-
P15000023583		
(Document Number of Corporation (i	f known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		图 5
N/A	•	The man
name must be distinguishable and contain the word "corporation" (Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must	
· ·	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		- 23 23
		_ Þ
		_
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 address new registered agent and/or the new registered office address		
Name of New Registered Agent HUSSEIN ALHA		
1115 ALICIA RI	IDGE CT	
-1	reet address)	
New Registered Office Address: KISSIMMEE	, Florida 34747	
(City)	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
-Hussein Alha		
Signature of New Registered.		

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	<u>Addres</u> s
I) Change	<u>P</u>	HUSSEIN AL HALAHLEH	1115 ALICIA RIDGE CT
Add			
Remove			KISSIMMEE, FL 34747
2) Change	<u>P</u>	MOHAMMAD HALAHLEH	1115 ALICIA RIDGE CT
Add Remove			KISSIMMEE, FL 34747
3) Change			
Add		•	
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			100
Remove			

E. <u>If an</u> (Atta	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)	
N/A		
	100	
_		_
		_
-		
,_ .		
F. <u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:	
<u>pi (</u>	(if not applicable, indicate N/A)	
N/A		

The date of each amendment	(s) adoption: 03/19/2015	, if other than the
date this document was signed		
Effective date if applicable:	03/19/2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/webby the shareholders was/webby the shareholder was/webby t	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_03/1	19/2015	
Signature _		
•	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	
	HUSSEIN ALHALAHLEH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	