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SLOWLIAN OF STATE SLOWLIAN OF STATE ALLAHASSEE, FLORID

COVER LETTER .

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: PETROVEMEX S	ERVICES, CORP	
DOCUMENT NUM	BER: P16000091114		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this nu	tter to the following:	
	HILDA M MONTESDEOCA	A	
		Name of Contact Person	1
	ITA SOLUTIONS CORP		
		Firm/ Company	
	4987 N UNIVERSITY DR S	UITE 27	
		Address	
	LAUDERHILL, FL 33351		
		City/ State and Zip Cod	e
	E-mail address: (to be us	@itasolutions.co sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
HILDA M MONTES	SDEOCA	at (<u></u>	572-5919
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
An Div	niling Address nendment Section rision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D	احا	R	$^{\circ}$	V	١٠٨	41	٠,	S	FR.	VΙ	('	:8	CO	RΙ	P

(Name of Corporation as curi	rently filed with the Florida Dept. of State)
P16000091114	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	Te 18
C. Enter new mailing address, if applicable:	E & T
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	, Florida

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 <math>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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	OSCAR A NINO ZAMBRANO	AV EJERCITO NAL 225
Add			TORRE II , D604
X Remove			CIUDAD DE MEXICO CP11-30
2) Change	S,T	OSCAR A NINO ZAMBRANO	AV FJERCITO NAL 225
Add			TORRE II, D604
X Remove			CIUDAD DE MEXICO CP11-30
3) Change	P,S	MARIA A ROMERO	AV EJERCITO NAL 225
X Add			TORRE II, D604
Remove			CIUDAD DE MEXICO CP11-30
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0.00			
6)Change	_		
Add			
Remove			

	ding additional Art theets, if necessary).	(Be specific)				
						
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		<u>_</u>			···	
						
						
<u>f an amendment j</u> provisions for im	provides for an exclude plementing the ame	<u>hange, reclassifi</u> endment if not c	<u>cation, or cancell</u> ontained in the a	<u>ation of issued si</u> nendment itself:	iares,	
(if not applied	able, indicate N/A)	nament a not c	ontanto in the u	Heidelle House		
			-			
					_	
					 -	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wildocument's effective date on the Department of State's records.	I 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
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 Oct 25, 2018 Signature	
Signature	
(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)	
OSCAR A NINO ZAMBRANO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	