P160000099746

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PETROLEUM LO	OGISTICS SERVICE USA.	, INC		
DOCUMENT NUM	BER: P-16000099746				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	JOHANA HADDAD				
		Name of Contact Perso	n		
	PETROLEUM LOGISTICS SERVICE USA, INC				
		Firm/ Company			
	1519 NW 82nd AVE				
		Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	DORAL / FL 33126				
		City/ State and Zip Cod	e		
johan	ah@petrologservice.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
JOSE LOZADA		at (713-3182		
Name	of Contact Person	·	de & Daytime Telephone Number		
Enclosed is a check fo	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)		
<u>Mai</u>	ling Address	Street	Address		

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

Articles of Amendment to Articles of Incorporation of

PETROLEUM LOGISTICS SERVICE USA, INC

(Name of Corporation as currently t	iled with the Florida Dept. of State)		
P-16000099746		•		
(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florid	orida Profit Corporation adopts the f	ollowing	amend	lment(s) t
A. If amending name, enter the new name of the corporation:				
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 nam	r the ab	hreviat	ion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		141 141 4 170 181 4 170 181	2017 AUG -	- - -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	SECRETARIA SECRETARIA	POOTE NEWS L	
Name of New Registered Agent		FE C	7 AH	[]]
		## : 1 301er	9.	
(Florida street	address)	## [T] }*	60	
New Registered Office Address:	, Florida_			_
(Ci	ty)	(Zip Co	ode)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the po	sition.		
Signature of New Regi	stered 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 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>	<u>Addres</u> s
1) Change	P	JAVIER AURRECOECHEA	1519 NW 82nd AVE
Add			DORAL / FL 33126
X Remove			
2) X Change	PD	JOHANA HADDAD	1519 NW 82nd AVE
Add			DORAL / FL 33126
Remove			
3) Change			
Ad d			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
an amendment provides for an exch	Ange, reclassification, ar cancellation of issued charac
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
an amendment provides for an exch rovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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	JULY 15th 2017	
The date of each amendment(s) adop date this document was signed.	tion:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will r tment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficed by the shareholders was/were sufficient by the shareholders was/were suf	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through voting groups. The following statement the voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
07/15/2017 Dated		
Signature	Mhaut Baydoid.	
(By a direct	tor, president or other officer - ifidirectors or officers have not been	-
appointed f	y an incorporator — if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
	HANAHADDAD	
	(Typed or printed name of person signing)	
DIF	RECTOR	
	(Title of person signing)	, i i