## P170000/6/35

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T. LEMEUX

## **COVER LETTER**

1

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: BEST LUBE, INC				
DOCUMENT NUMB	BER: P17000016135				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	IAN GARDNER				
•		Name of Contact Persor	1		
	INTERACTIVE MANAGEN	MENT CONSULTANTS, I	NC.		
•		Firm/ Company			
	12161 KEN ADAMS WAY SUITE 110D				
•		Address			
	WELLINGTON, FL 33414				
•		City/ State and Zip Code	2		
IAN@	JIMCINC.BIZ				
		ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:	,		
IAN GARDNER		561	_) 715-0272 de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & 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 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BEST LUBE, INC.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P17000016135	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ution:
SOUTH FLORIDA OIL, INC.	The new
	prporation," "company," or "incorporated" or the abbreviation oc, " 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	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
(F	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of the position.
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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	<del></del>	
Add				
Remove				
2) Change		·		
Add				
Remove				
3) Change		<del>_</del>		
Add				
Remove				
d) Change				
4) Change				
Add Remove				
Remove				
5) Change		_		<del></del>
Add				
Remove				
0 0				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
· · · · · · · · · · · · · · · · · · ·		
F. If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contained	or cancellation of issued shares, d in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	ıt.
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
2-23-2017 Dated	<del></del>	
Signature Lea	Gazeta Las Censola	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	LEO GAZETA	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	<del></del>