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And

JUL 25 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOUTH FLORID	A OIL, INC.	
	BER: P-17000016135		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	LEO GAZETA		
		Name of Contact Perso	on
	SOUTH FLORIDA OIL, IN		
		Firm/ Company	
	10675 S. US HWY 1		
		Address	
	PORT SAINT LUCIE, FL. 3	4952	
		City/ State and Zip Coc	le
LG23	62@GMAIL.COM		
~~~~	E-mail address: (to be u	sed for future annual repor	t notification)
or further information	concerning this matter, pleas	se call:	
LEO GAZETA		772 at (626-1551
Name of Contact Person		Area Co	ode & Daytime Telephone Number
inclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address diment Section on of Corporations t Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SOUTH FLORIDA OIL, INC.

of

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- ,						
	•				•	

(Name of Corporation as currently	filed with the Florida Dept. of State)
P-17000016135	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
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 "Cword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain 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 <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	1 address)
New Registered Office Address:	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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 Doc 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 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) Change	D	MARCOS R. GAZETA	10675 S. US HWY 1
X Add			PORT SAINT LUCIE, FL. 34952
Remove			
2) Change	D	YEDA A. OLIVEIRA	10675 S. US HWY 1
$\frac{X}{Add}$ Add			PORT SAINT LUCIE, FL. 34952
Remove			
3) Change		-	-
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

	07/17/2017	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
07/17/2017		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date witter of State's records.	Il not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by taction was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by taction was not required.	the incorporators without shareholder action and shareholder	
07/17/20.17 Dated	D 3M (.	
(By a director, p selected, by an i	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
LEO GA	AZETA	
-	(Typed or printed name of person signing)	
PRESID	DENT	
···	(Title of person signing)	