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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TECHRON OIL, I	NC. - 	
DOCUMENT NUMBER: P17000066487		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
MICHAEL SARABJIT		
	Name of Contact Person	
MIKE'S TAX AND ACCOU	NTING, INC.	
	Firm/ Company	
269 N. UNIVERSITY DRIV		
PEMBROKE PINES, FL 330	Address 024	
-	City/ State and Zip Code	
MICHAEL CABABILTOVALIO	COM	
MICHAEL_SARABJIT@YAHOO	sed for future annual report:	natification)
E-man address. (to be as	sed for fatale aimaar report	mouncation)
For further information concerning this matter, please	se call:	
MICHAEL SARABJIT. CPA	954 at (893-1399
Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	le & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

TECHRON OIL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000066487 (Document Number of Corporation (if known) Pursuant to the provisions of section 607 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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 position. Signature of New Registered Agent, if changing

	Chief F	inancial	Officer. If an officer/director holds more to	Trustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office held.
	ves the c	orporati	on, Sally Smith is named the V and S. Thes	he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John [
X Remove	<u>V</u>	Mike.	fones	
<u>X</u> Add	<u>sv</u>	Sally	<u>Smith</u>	
Type of Action (Check One)	Title	1	<u>Name</u>	<u>Addres</u> s
1) Change	P/D		CHRIS KASSIM	400 NW 141ST AVE, APT 203
Add				PEMBROKE PINES
X Remove		1		FL 33028
2) X Change	P/D	_]	MICHAEL KASSIM	400 NW 141ST AVE, APT 203
Add				PEMBROKE PINES
Remove 3) Change		_		FL 33028
Add				
Remove		j		
4) Change		_		
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Remove		1		
5) Change		_		
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Remove				
6) Change		_		
Add				
Remove				
			Page 2 of 4	
E. If amending or addit (Attach additional she			ticles, enter change(s) here: (Be specific)	
•	,	- / -		

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 office/director title by the first letter of the office title:

<u> </u>		
		
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If an amendment provides for an exchar provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:	
		
		<u> </u>
		<u> </u>
		
	Page 3 of 4	
he date of each amendment(s) adoption: _ ite this document was signed.		, if other than t
ffuntius data if a==1i==1.		
ffective date if applicable:	(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 will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) ☐ 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 cast for the amendment(s) was/were sufficient for approval (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. (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) MICHAEL KASSIM (Typed or printed name of person signing) PRESIDENT (Title of person signing)