P190000 16286

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: PETRONAVAL, O	CORP ————————————————————————————————————			
DOCUMENT NUM	1BER: P18000016286				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	HAYDEE CEBALLOS, CPA	\			
	<u> </u>	Name of Contact Person	1		
	CEBALLOS CEBALLOS BESTULICH & PADRON				
		Firm/ Company			
	890 SOUTH DIXIE HIGHW	ΆΥ			
		Address			
	CORAL GABLES, FL 33146	5			
	City/ State and Zip Code				
	HCEBALLOS@CCBP-CPA	S.COM			
	-	sed for future annual report	notification)		
		·			
For further informate	ion concerning this matter, plea	se call:			
HAYDEE CEBALL	OS, CPA	at (305	381-0825		
Name of Contact Person		Area Code & Daytime Telephone Number		- 25	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	83.5	-
□ \$35 Filing Fee	☐\$43.75 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)	20 CEB 18 PM 2: 05	RY OF STATE
Ar Di	ailing Address nendment Section vision of Corporations O. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		Ĉñ

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PETRONAVAL, CORP.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as currently filed with the Florida Dept. of State) P18000016286 (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: NAVAL SUPPLIES & SERVICES, CORP The new 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) NA 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 ______ N (Florida street address) New Registered Office Address: WA 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. NIA 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.

Example:

X Change	PT John D	<u>oc</u>	NA
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	<i>~</i> (<i>i</i>)
X Add	SV Sally S	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach danimonal 3m	eets, if necessary). (B	s, enter change(s) h Be specific)			
		NA			
					
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f an amandment ni	rovidos for an ovahone	us maslacrification	ar concellation of	icanad chama	
provisions for impl	rovides for an exchang lementing the amendn	nent if not contain	ed in the amendme	nt itself:	
(if not applicab	le, indicate N/A)				
	NIA				
	•				
					
			·		
			-	•	
					

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•	1/302020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
1/ Effective date <u>if applicable</u> :	30/2020	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	ler action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amend sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	••	
	(voting group)	
DatedSignature	1/31/2020 Luxuuf	
selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	t been er court
	JOSE CASAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	