## 0180000 40276

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Ocala Oil Holdings	s, Inc.	
DOCUMENT NUMB	ER: P18000040276		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
	Jalal "Jay" Shehadeh, Esq.		
-		Name of Contact Persor	1
}	Mejia Shehadeh Giannamore, PLLC		
-		Firm/ Company	<del></del>
	396 Alhambra Circle, Ste 100	• -	
-		Address	_
	Coral Gables, FL 33134		
-	<u> </u>	City/ State and Zip Code	2
jay@s	glawfl.com		V
	E-mail address: (to be us	sed for future annual report	notification)
For further information  Jalal "Jay" Shehadeh	concerning this matter, pleas		507-9843
<u></u>	f Contact Person	at (	) 507-9843 de & Daytime Telephone Number
	the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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 Indment Section Identification of Corporations Box 6327 hassec, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation of

Deala Oil Holdings, Inc.			
(Name of	Corporation as current	y filed with the Florida Dept. of State)	
P18000040276			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.10 as Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or	'Co". A professional corporation name	the abbreviation
Pater and amount of Englishman if	annligables	2711 West Silver Springs Blvd.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Ocala, FL 34475	
			<del></del>
C. Enter new mailing address, if applicable:		2711 West Silver Springs Blvd.	
(Mailing address MAY BE A POST O		2711 West Silver Springs Brvd.	- <u>-</u>
		Ocala, FL 34475	
			1 m
			——————————————————————————————————————
<ol> <li>If amending the registered agent and, new registered agent and/or the new</li> </ol>			2 · · · · <b>(5)</b>
	Javier Calix, DP	<u>5.</u>	÷ •
Name of New Registered Agent _		<u> </u>	
<u>.</u>	2711 West Silver Springs		_ <del>.</del>
	Allowida et	reet address)	
		_	
New Registered Office Address:	Ocala	, Florida (City)	4475 (Zip Code)

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: XChange	<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>	<u>Name</u>	<u>Addres</u> s
1) Change	PSTD	Javier Calix, DP	2711 West Silver Springs Blvd.
X Add			Ocala, FL 34475
Remove			
2) Change	PD	Mahmoud Shehadeh	1308 East Atlantic Blvd.
Add			Pompano Beach, FL 33060
X Remove			
3) Change	VD	Ahmad Shehadeh	1308 East Atlantic Blvd.
Add			Pompano Beach, FL 33060
X Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	
<del></del>	
	<del></del>
<del> </del>	
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	November 1, 2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
Effective date if applicable.	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(voting group)	
action was not required.  The amendment(s) was/were ad	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.	///	
Novembe Dated		
Signature	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	Mahmoud Shehadeh	
	(Typed or printed name of person signing)	<del></del>
	President and Director	
	(Title of person signing)	