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(((H21000389555 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN SHELL FUEL COMPANY INC

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S. PRATHER

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Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SHELL FUEL CO	MPANY INC.		
DOCUMENT NUMB	BER: P19000026127			
	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	MOHAMMAD SIKDER			
		Name of Contact Person		
	SHELL FUEL COMPANY INC			
		Firm/ Company		
	9347 DR. MARTIN LUTHE	R KING JR ST N		
		Address		
	ST.PETERSBURG, FL 33702			
	City/ State and Zip Code			
	MOHAMMADSIKDER31@	GMAIL.COM		
	_	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call: at (9348922	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
	or the following amount made			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Division The Co 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Articles of Amendment

Articles of Incorporation

Articles of Amendment			
Articles of Incorporation	ŞĢ	2021 OCT	
of	- C	10	
SHELL FUEL COMPANY INC	<u>-</u> 1	C_{\perp}	<u> </u>
(Name of Corporation as currently filed with the Florida Dept. of State)	(S ₂)	<u> </u>	
P19000026127	H _C	2	TLED
(Document Number of Corporation (if known)	100	و ا	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amerits Articles of Incorporation:)REP	(s) to	
A. If amending name, enter the new name of the corporation:			
	new		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co" line.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	rp.," word		
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:, Florida,			
(City) (Zip Code)			
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			

Check if applicable

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

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)

Example:

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 Doc	
X Remove	$\underline{\mathbf{v}}$	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	V	AKTER JAHAN	8823 CRESTVIEW DR APT C
Add		<u></u>	TAMPA , FL 33604
X Remove			
2) Change	V	MOHAMMED N SIKDER	8823 CREST VIEW DR
Add			TAMPA, FL 33604
X			155 OAKVIEW AVE APT A
Remove Change	<u>v</u>	JAHANGIR ALAM	AUBURNDALE, FL 33823
Add			
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Articach additional sheets, if necessary).	(Be specific)
	<u></u>
<u> </u>	
f no amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

	10/11/2021	
The date of each amendment(s) add		, if other than the
date this document was signed.		
_	(11/2021	
Effective date if applicable:	11/2021	
	(no more than 90 days after amen	ndment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory file	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
•		
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors	without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cient for approval.	cast for the amendment(s)
must be separately provided for e "The number of votes cast for	ved by the shareholders through voting group ach voting group entitled to vote separately of r the amendment(s) was/were sufficient for a k, OMAR KAMAL, AKTER JAHAN, MO	pproval
o,	(voting group)	FIL 2021 OCT 27 SECRETARY ALLAHASSE
10/	1/2021	SSS 2
Dated	<u> </u>	
Signature	rector, pre-dem or other officer - if directors or	
	d, by an incorporator – if in the hands of a receive	Clastee or other cours
	ed fiduciary by that fiduciary)	
4,4	•	D =
	MOHAMMAD STKDER	
	(Typed or printed name of person sign	ing)
	P	
	(Title of person signing)	