

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
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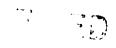
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PRIMO OIL SI	ERVICE INC		
	MBER: P19000030750			
The enclosed Artic	les of Amendment and fee are	submitted for filing.		
	rrespondence concerning this			
	CONTRERAS TESTA QU	JENIER		
		Name of Contact Pers	son	
	PRIMO OIL SERVICE INC			
	Firm/ Company			
	6528 SW 30TH ST			
	MIAMI, FL 33155			
		City/ State and Zip Co	de	
acco	ounting@mbtaxinsurance.com			
		used for future annual repor	t notification)	
For further information	on concerning this matter, plea			
Contreras Quenier		at (786	3522669	
Name of Contact Person		Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
■ \$35 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building secutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PRIMO OIL SERVICE INC

2619 OFT 28 PM 1: 20

(<u>wante</u>	of Corporation as currently i	nea with the ribric	ia Dept. of State)
19000030750			
	(Document Number of C	orporation (if know	n)
arsuant to the provisions of section 607. Articles of Incorporation:	.1006, Florida Statutes, this Flo	orida Profit Corpord	ation adopts the following amendment(s
If amending name, enter the new na	ame of the corporation:		
A			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional	incorporated" or the abbreviation
Enter new principal office address, rincipal office address <u>MUST BE A S</u>		•	
Enter new mailing address, if appli (Mailing address MAY BE A POST)			
If amending the registered agent an new registered agent and/or the new		s in Florida, enter t	he name of the
Name of New Registered Agent	MIAMI BOOKKEEPING &	TAX LLC	
<u>Name oj New Regisierea Ageni</u>	6850 CORAL WAY		
	(Florida street	address)	_
	MIAMI		33155
New Registered Office Address:			, FIOTIDA
	, ,	• *	
	(Ci	īņ)	(Zip Code)
ew Registered Agent's Signature, if cl	hanging Registered Agent.		
vereby accept the appointment as regist	ered agent. I am familiar with	and accept the obli	igations of the position.
_	. 1		
	m.S		
	([W]		
	Signature of New Regi	istored Amont if cha	naina

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: <u>X</u> 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>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	ALVAREZ, RIDLEY TOMAS	6528 SW 30TH ST	
Add			MIAMI FL 33155	
X Remove				
2) Change	<u>v</u>	CONTRERAS TESTA, QUENIER	6528 SW 30TH ST	
Add			MIAMI FL 33155	
X Remove				
3) Change	<u>P</u>	CONTRERAS TESTA, QUENIER	6528 SW 30TH ST	
X Add			MIAMI FL 33155	
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change				
Add				
Remove				
i) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
in amendment provides for an exchar	nge, reclassification, or cancellation of issued shares,
ovicions for implantation at	Iment if not contained in the amendment itself:
ovisions for implementing the amend	
(if not applicable, indicate N/A)	
ovisions for implementing the amend	
to in the state of the second	
to in the state of the second	

	10/14/2019	
The date of each amendments date this document was signed.	(s) adoption:	, if other than the
Effective date if applicable:	10/14/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) is sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	rast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
10/14/2 Dated Signature	Jan	
serec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	-
	CONTRERAS TESTA, QUENIER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	