P19 000043679

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TO: Amendment Section

Division of Corporations

	DD A MET DETERMINE	FULL CORROR STICLE	
NAME OF CORPO	RATION: PRAMIT PETROL	EUM CORPORATION	
DOCUMENT NUM	BER: P19000043679		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MOHAMMED M KAMAL		
		Name of Contact Persor	ı
	PRAMIT PETROLEUM CO	RPORATION	
		Firm/ Company	
	3601 N DIXIE HWY & E SA	AMPLE RD	
		Address	
	POMPANO BEACH FL 330	64	
		City/ State and Zip Code	
AGL	AKI@ATT.NET		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MOHAMMED M KAMAL		at (754	301-9038
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassec, FL 32314		Clifton Building 2661 Executive Center Circle	
rananassee, Ft. 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PRAMIT PETROEUM CORPORATION	
(Name of Corporation as currently filed wi	th the Florida Dept. of State)
P19000043679	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> its Articles of Incorporation:	rofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A p word "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	至得 🤨
	E T
	
C. Enter new mailing address, if applicable:	of The
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	20
 If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address: 	orida, enter the name of the
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 a	ccept the obligations of the position.
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	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) X Change	PT	MOHAMMED M KAMAL	7000 NOVE DR # 205-E		
Add			DAVIE FL 33317		
Remove					
2) X Change	VS	MOHAMMAD A RAHMAN	16950 N BAY RD APT 1403		
Add			SUNNY ISLES FL 33160		
Remove					
3) Change		-			
Add					
Remove	•				
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	·····
F. If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
1974	
-	

The date of each amendment(s) adoption: 07/02/2019	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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	
by	
(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.	
Dated_ July 2nd 2019	
Dated July 2nd 2019 Signature X Moshik Kogun A	
(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)	_
MOHAMMED MOSTOFA KAMAL	
(Typed or printed name of person signing)	
President	
(Title of person signing)	