Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003287263)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6380

From:

Account Name

: HOSSAIN & ASSOCIATES P.A.

Account Number : I20210000150

Phone

; (786)688-0011°

Fax Number

: (305)570-1727

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Ema	i	1	Address:
LING	4	T	AUULESS:

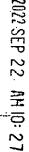
COR AMND/RESTATE/CORRECT OR O/D RESIGN SHAHANARA PETROLEUM INC.

Certificate of Status	0	
Certified Copy		0
Page Count		01
Estimated Charge	•	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



Fax: 13055701727

COVER LETTER

Division of Cor			•	
NAME OF CORPO	RATION: SHAHANARA I	PETROLEUM INC	· .	
	IBER: P21000074513			
The enclosed Article.	s of Amendment and fee are s	submitted for filing.		
Please return all corre	espondence concerning this m	atter to the following:		
	AHSANUL HOQUE SHAC	DUN		
	SHAHANARA PETROLEI	Name of Contact Perso UM INC	n	 ,
· · · · · · · · · · · · · · · · · · ·	7770 PRESERVE LN	Firm/ Company		
	NAPLES, FL 34119	Address		
	HASSOCIATESPA@GMA	City/ State and Zip Coo	le	2022 SEP
	· -	sed for future annual report	t notification)	EP 22
For further informatio	n concerning this matter, plea	se call:		SO.
Alisanul Hoque		305 at (206-0259	MM 10: 2 SEE FE
Name o	of Contact Person	Area Co	de & Daytime Telephone	Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
\$35 Fitting Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee	,

Tallahassee, FL 32303

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

Fax: 13055701727

Articles of Amendment to Articles of Incorporation

(L)	Name of Cor	poration as	currently file	d with th	ne Florida	Dept. of	State)		
P21000074513									-
 		Dogument N	· · · · · · · · · · · · · · · · · · ·						··
	· ,	Document N	umber of Cor	poration	(II Known) ,			
Pursuant to the provisions of sectio	n 607.1006, J	Florida Statu	tes, this <i>Flori</i>	da Profit	Corporal	tion adopts	the follo	owing an	nendmer
its Articles of Incorporation:	•		. , .				•	Ü	
A. If amending name, enter the r	new name of	the corner	tion:				٠		
The state of the s	ten mante of	tue corpora	ition.		-				•
	·						•	Th	e new
name must be distinguishable and c	ontain the wo	rd "corpora	tion," "comp	any," or	"incorpor	ated" or th	e abbrev	iation "(Corp.,"
"Inc.," or Co.," or the designati "chartered," "professional associa	on Corp, ition " or the	inc, or abbreviation	CO. Aproj	fessional	corporat	ion name	must co	ntain th	e word
	•	•	, 1 (21)					_	202
B. Enter new principal office add	iress, if appl	icable:	_ · · _	· · · · · ·				1	<u>s</u> -
Principal office address <u>MUST B</u>	<u>E A SIKEET</u>	ADDRESS	()		·				₩,
	•	-							22
							·	<u>67 - </u>	
. Enter new mailing address, if	f namitan blac		•	-		· · · ·			<u> </u>
(Mailing address MAY BE A P	OST OFFIC	E BOX)			<i>.</i> .			75	0
			, 	 					
• •		•	· -	· · · · · · · · · · · · · · · · · · ·	·	<u> </u>	··		<u> </u>
			•				•	•	
			,				,	<u> </u>	
). If amending the registered age	ent and/or re	gistered off	ice address ir	Florida	<u>enter th</u>	e name of	the		
new registered agent and/o- th	JE NEW FEOIST	ered office	address:						
new registered agent and/or th			· ·	*		•	,		
new registered agent and/or the									
new registered agent and/or th							·		
new registered agent and/or th		(F)	orida street ad	tressi			• •	<u>·</u>	14
Name of New Registered A	gent	(FI	orida street add	tress)			· · · · · · · · · · · · · · · · · · ·	· .	
new registered agent and/or th	gent	(FI		iress)		, Flor			· ,.
Name of New Registered A	gent	(F)	orida street add (City)	dress)		, Flor		Lip Code)	· ,
Name of New Registered A	gent	(FI		dress)		, Flor		ip Code)	
Name of New Registered A New Registered Office Add	tress:		(City)	dress;		, Flor		!ip Code)	
Name of New Registered A New Registered Office Add New Registered Signature	tress:	z Registered	(City)	· · · · · · · · · · · · · · · · · · ·	the chi-		(7		
Name of New Registered A New Registered Office Add New Registered Signature	tress:	z Registered	(City)	· · · · · · · · · · · · · · · · · · ·	the oblig		(7		
Name of New Registered A New Registered Office Add New Registered Signature	tress:	z Registered	(City)	· · · · · · · · · · · · · · · · · · ·	the oblig		(7		
Name of New Registered A	tress:	z Registered	(City)	· · · · · · · · · · · · · · · · · · ·	the oblige		(7		

Address of each Office (Attach additional she Please note the office: P = President: V = V Executive Officer; CF President, Treasurer, Changes should be no	cer and/or Divects, if necessar/director title ice President; iCO = Chief Fin Director would the followed in the followed the contractor would be the contractor the contractor the contractor whe contractor the contractor in the followed in the contractor the contractor the contractor in the contractor the contractor in the contractor	rector being added: by the first letter of the office T= Treasurer: S= Secretary; ancial Officer. If an officer/di d be PTD. owing manner. Currently Joh rporation, Sally Smith is name	title: D= Director; TR= Tri rector holds more than n Doe is listed as the P	lirector being removed and title, ustee, C = Chairman or Clerk, Cl one title, list the first letter of cuch ST and Mike Jones is listed as the hould be noted as John Doe, PT as	EO = Chief office held.
Example: X Change	<u>PT</u>	John Doe			
X Remove		Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change	<u>VP</u>	ROVEL HOSSAIN		7770 PRESERVE LN	·
Add .				NAPLES, FL 34119	-
X Remove			• • . • .		
2) Change					_
Add				202	-
Remove 3) Change				Z SEP 2	
Add				SS: A	Tenn Tenn
Remove	• • •			H 10	
4) Change		<u> </u>		27	. . .
Add					
Remove			•		- ·
Ś) Change					
Add					, ·
Remove	•				-
6) Change			· · · · · · · · · · · · · · · · · · ·		
Add					-
Remove					
	•				

	ts, if necessary).	cles, enter chan (Be specific)					•
•							
· · · · · · · · · · · · · · · · · · ·	,			<u> </u>	- , <u>-</u>	*	
	· .		<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
· · · · · · · · · · · · · · · · · · ·							
					·		
	, ,			· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>
			-		·	·	·
	·	-		·			
		,					
, .							-
		·		· · · · · · · · · · · · · · · · · · ·	 -	· .	
			· · ·	<u>- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</u>	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·							
			-	· .			
-			• • • • • • • • • • • • • • • • • • • •	. , ,			
			·		···	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	·	·		·	· · · · · · · · · · · · · · · · · · ·	• -	
					· · · · ·		
					•		,
							 -
					.•	•	. , .
an amendment prov	ides for an excha	nge, reclassifica	ation, or car	cellation of issu	ed shares,		
provisions for implem (if not applicable,	indicate N/A)	ament it Not co	<u>ntaineo in ti</u>	ie amendment i	tsell:		
							•
		<u> </u>					
			•				
		-		· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	202
				· · · · · · · · · · · · · · · · · · ·		-	2022 S
							2022 SEP 2
						5.24	2022 SEP 22
						LI MINSSIE.	2022 SEP 22 AH
						ALLASSIE, FL	

Fax: (850) 617-6380

Fax: 13055701727

09/22/2022 12:46 PM

Page: 5 of 6

	08/01/2	ກາງ				
The date of each amendment(s) date this document was signed.	adoption:			·	, i	f other than th
Effective date if applicable:						
	(no	more than 90 days af	ter amendment fil	le date)		
Note: If the date inserted in this document's effective date on the	block does not me Department of State	et the applicable stat s records.	utory filing requi	rements, this date	will not b	ne listed as the
Adoption of Amendment(s)	(<u>CHECK</u>	ONE)	•			
The amendment(s) was/were a action was not required.	dopted by the incorp	porators, or board of	directors without	shareholder action	and share	holder
The amendment(s) was/were a by the shareholders was/were	dopted by the sharef sufficient for approv	nolders. The number	of votes cast for t	he amendment(s)		
The amendment(s) was/were a must be separately provided for	pproved by the share	halders through you	ng groups. The fa rately on the ame	ollowing statement		
"The number of votes cas						
by				:		
	/ (voting gre	(קער				
00/01/200	,				, .	
08/01/202 Dated	:2 ·					
Signature			• •			
(By a c selecte	director, president of ed, by an incorporate act fiduciary by tha	other officer – if dir or – if in the hands of t fiduciary)	ectors or officers a receiver, truste	have not been		
	AHŚANUL HOQ	4		•		
	(Typed	or printed name of p	erson signing)			120
	PD	· · · · · · · · · · · · · · · · · · ·			17.	122 SI
	(Title o	f person signing)			HASSEE FL	F 22 AM 10: 27

09/22/2022 12:46 PM