P24000007391

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: PALM CITY PETROLEUM INC P24000007391 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARFAN NOOR
Name of Contact Person Palm City Petrolewm inc
Firm/ Company 3590 ISW Deggeller Ct Palm City, FL 34990 City/State and Zip Code Palmait Patrolewm @gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 516 - 8417

Area Code & Daytime Telephone Number ARFAN NOOR Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

PALM CITY PETROLEUM INC	discount Claim the Plants Day (Co.)	
P24000007391	tion as currently filed with the Florida Dept. of State)	
	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation;	da Statutes, this Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the c	corporation:	
name must be distinguishable and contain the word "c". "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbrev c," or "Co". A professional corporation name must co- reviation "P-4"	The new iation "Corp" ntain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	le:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent.	ered office address in Florida, enter the name of the	
Name of New Registered Agent	u onice address.	
New Registered Office Address:	(Florida street address) , Florida	
New Registerea Office Address.		Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	e <mark>gistered Agent:</mark> I am familiar with and accept the obligations of the position	9 n .
Sign	nature of New Registered Agent, if changing	
Check if applicable	_ _ <u> </u>	

☐ 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)

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 Doc 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>	<u>John D</u>	oe		
X Remove	<u>v</u>	Mike J	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	D		MD MONIRUJJMAN	731 N C STREET	
Add	w -			LAKE WORTH, FL 33460	_
X Remove					
2) Change	D		HASAN MD AHMMED	3 N ALT A1A	_
Add				JUPITER, FL 33477	_ ;
X Remove Remove Remove Remove Remove					: :
Add					-
Remove					
4) Change		_			-
Add					_
Remove					
5) Change					_
Add					_
Remove					
ര) Change		_			_
Add					_
Remove					

THE CONTROL OF THE CONTROL OF	ling additional Art licets, if necessary).	(Be specific)				
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Can amandment r	rovides for an exc	hanaa raclassifia	ation or cancella	tion of icenad che	ura.	
provisions for im	olementing the am	endment if not co	ntained in the an	<u>uon or issued sii.</u> iendment itself:	a1 C 5,	
(if not applica	ble, indicate N/A)					
			<u>-</u>			

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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	ted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes east for ficient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the am	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	,
Dated 2 - 2 (c	- 24	-
iin	well almin	
Signature/	well duni	<u></u>
	ector, president or other officer - if directors or officer	
	by an incorporator – if in the hands of a receiver, trus	stee, or other court
appoint	d fiduciary by that fiduciary)	·· -
-	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	VIEE PRESIDENT, (Title of person signing)	
	(Title of person signing)	 -