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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AKA OIL INC		
	BER: P24000035909		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MOHAMMAD A RAHMAN	!	
		Name of Contact Person	n
	MOHAMMAD A RAHMAN	1	
		Firm/ Company	
		Address	
	616 NW 13TH ST #27		
		City/ State and Zip Cod	e
	BOCA RATON FL 33486		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MOHAMMAD A RA	AHMAN	at (⁵⁶¹	
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as currentl	y filed with the Florida Dept. of State)
AKA OIL INC	•	
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association,"	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,	if applicables	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A SE
	_	Si N
D. If amending the registered agent as	nd/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	MAHMUDA YEASMIN	
	616 NW 13TH ST #27	
	(Florida stre	eet address)
New Registered Office Address:	BOCA RATON, FL	. Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c		with and accept the obligations of the position.
7,		and accept the string and the position.
	Mahmod	e Peasnin
	Signature of New Re	egistered 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)

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 Do	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PTSD	_	MOHAMMAD A RAHMAN	616 NW 13TH ST #27
Add				BOCA RATON, FL 33486
Remove 2) Change	PTSD	_	MAHMUDA YEASMIN	616 NW 13TH ST #27
XAdd				BOCA RATON, FL 33486
Remove 3) Change		<u>-</u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
 6) Сћалде 	-	_		
Add				
Remove				

	<mark>ending or adding additio</mark> h <i>additional sheets, if nec</i>	essary). (Be specific)			
/A					
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		<u> </u>			
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		 			-
lf an a	amendment provides for	r an avchanga, raclassi	Scation or cancallati	ion of icenad charac	
provi	isions for implementing	the amendment if not	contained in the ame	endment itself:	
(if not applicable, indicate	? N/A)	-		
/A					
	<u> </u>				

•

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	<i>)</i>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the an sufficient for approval.	nendment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	8-15-2024	
Signature	Mahmu de Kasmin director, president or other officer – if directors or officers have	
(By a	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or	not been
	inted fiduciary by that fiduciary)	odici court
	MAHMUDA YEASMIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	