<u>997779</u>

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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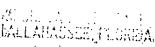
TO: Amendment Section Division of Corporations

NAME OF CORPORA	AZIZ TE	KACO INC	
DOCUMENT NUMBE	997772		
The enclosed Articles of	**************************************	abmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	JO	OSE THOMAS	S
	THOMAS	Name of Contact Person & COMPANY	
_	9710 STIRI	Firm/Company LING ROAD S	UITE101
_	COOL	PER CITY, FL	
	•	City/ State and Zip Cod	
		ecpa@jttcpa.c	
For further information of	concerning this matter, plea	se call:	
JOSE TI	HOMAS, CPA	. at (954	, 435-7272
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fce	\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Fligh

Articles of Amendment to Articles of Incorporation of

15 MAR -2 /4 H: 54



to

AZIZ TEXACO, INC.

(Name of Corporation as current	ly filed with the Florida Dept.		· · · · · · · · · · · · · · · · · · ·
	97772		
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Prof</i>	fit Corporation adopts the	e following amendment(s)
A. If amending name, enter the new name of th	e corporation:		
-	N/A		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A pro	ny," or "incorporated" fessional corporation na	or the abbreviation
B. Enter new principal office address, if applic	able	N/A	
(Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
D. If amending the registered agent and/or reg		da, enter the name of the	<u>e</u>
new registered agent and/or the new registe			
Name of New Registered Agent	N/A		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
N. B. L. M. M. G. M.			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	_ <u>sv</u>			
		Sally Sn	<u>nitn</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	SALMA KHAN	1455 West Sunrise Blvd
Add				Fort Lauderdale, FL 33311
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
. 🗀				
6) Change				
Add				
Remove				

N/A	
·	
	•
ssification, or cancellation of issued sha	res,
not contained in the amendment itself:	
N/A	
	<u> </u>
	assification, or cancellation of issued sha not contained in the amendment itself: N/A

The date of each amendment(s) adoption:	FEBRUARY 13, 2015	, if other than the
date this document was signed.		
Effective date if applicable:	FEBRUARY 13, 2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	ne shareholders. The number of votes east for the amendment(s) r approval.	
The amendment(s) was/were approved by must be separately provided for each votice.	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by		
(1	oting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
Dated FEBRUARY 13	3, 2015	
Signature	esident or other officer — if directors or officers have not been	
	acorporator – if in the hands of a receiver, trustee, or other court	
appointed fiducia	ary by that fiduciary)	
	MOHAMMAD DULAL KHAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	