P04000083417

(Re	equestor's Name)			
(Ac	idress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
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COVER LETTER

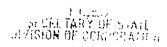
TO: Amendment Section

Division of Corporations NAME OF CORPORATION: T & F GROUP, INC. P04000083417 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BRUCE NABAT** Name of Contact Person DADE COUNTY BUSINESS MGMT Firm/ Company 12955 BISCAYNE BLVD, STE 400 Address N. MIAMI, FL 33181 City/ State and Zip Code BNABAT688@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 891-0112 Area Code & Daytime Telephore Number **BRUCE NABAT** Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



2016 OCT -4 FM 2: 47

1 & F GROOF, INC.	
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P04000083417	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
·	
D. If amending the registered agent and/or register new registered agent and/or the new registered	
	
Name of New Registered Agent	
	(Florida street address)
New Production I Office All Lines	
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	nature of New Registered Agent, if changing
Sion	antre of New Keatsterea Agent, it 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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	FARHAN T. ISMAIL	4090 S. STATE ROAD 7
Add			MIRAMAR, FL 33023
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
		·	
Add .			
Remove			

	lding additional Art sheets, if necessary).	(Be specific)				
	4. 11.11.11.11.11.11.11.11.11.11.11.11.11				**** *********************************	
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	11111					
	A					
f an amendment	provides for an excl	sange reclassific	ation or cancells	ation of issued sh	grec	
provisions for im	plementing the ame	ndment if not co	ntained in the an	nendment itself:		
() + w c	able, indicate N/A)					
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	09/16/16		
The date of each amendment(s) a date this document was signed.	doption:		FIGURE IARY OF STATE
Effective date if applicable:			
	(no more	than 90 days after amendment file da	re) 2016 UCI - 4 PA 2: 41
Note: If the date inserted in this document's effective date on the De			nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were sa		s. The number of votes cast for the ar	nendment(s)
		ers through voting groups. The follow led to vote separately on the amendm	
"The number of votes cast	for the amendment(s) w	as/were sufficient for approval	
by		,,,	
<u> </u>	(voting group)		
☐ The amendment(s) was/were adaction was not required.	opted by the board of dir	ectors without shareholder action and	shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporator	rs without shareholder action and shar	reholder
09/16/16 Dated		 	
Signature <u>X</u>	Land	Zh	
(By a c		er officer - if directors or officers hav	
	ed, by an incorporator – i ited fiduciary by that fidu	f in the hands of a receiver, trustee, or aciary)	other court
	JAMILA TAHIR	•	
	(Typed or pr	rinted name of person signing)	
	PRESIDENT		
		(Title of person signing)	