## 913000031040

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Only/Olato/Zip/i Hono ii)              |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                    |  |  |  |  |
|---|--|--|--|--|
| NAME OF CORPORATION: NAKHAHI,                               | INC.   |  |  |  |
| DOCUMENT NUMBER: P1300003104                                | ł0   |  |  |  |
| DOCUMENT NUMBER:  |  |  |  |  |
| The enclosed Articles of Amendment and fee are su           | ibmitted for filing.   |  |  |  |
| Please return all correspondence concerning this ma         | atter to the following:  |  |  |  |
| NANCY MORALI  | ES   |  |  |  |
|   | Name of Contact Person   | 1  |  |  |
| NAKHAKI, INC.   |  |  |  |  |
|   | Firm/ Company  |  |  |  |
| 3731 N. COUNTI  | RY CLUB DR AF  | PT 322   |  |  |
|   | Address  |  |  |  |
| AVENTURA, FL  | 33180  |  |  |  |
| ····  | City/ State and Zip Cod  | e  |  |  |
| CO604@BELLSOUT  | TU NET   |  |  |  |
|   | sed for future annual report                                       | notification)  |  |  |
| E-man address. (to be a                                     | sea for fature annual report                                       | notification)  |  |  |
| For further information concerning this matter, please      | se call:   |  |  |  |
| NANCY MORALES   | at (786  | , 387-2477   |  |  |
| Name of Contact Person                                      | Area Co  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount made           | payable to the Florida Depa  | artment of State:  |  |  |
| \$35 Filing Fee  \$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   | Street   | Address  |  |  |
| Amendment Section   | Amend  | lment Section  |  |  |
| Division of Corporations                                    |  | Division of Corporations   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314                      |  | Building<br>executive Center Circle  |  |  |
| i unumu3500, i Li 323 i T                                   | 2001 L   | ACCULATE COLLEGE CHOIC   |  |  |

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

| N.    | ΔK | Ή | Αŀ  | 41 | INC. |
|-------|----|---|-----|----|------|
| 1 11/ |    |   | , , |    | 1110 |

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13 APR 16 PM 12: 17

SECRE AND OF STATE
FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000031040

ent(s) to

| (Document Number of Corporation   | (if known)  |
|---|---|
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:  | is Florida Profit Corporation adopts the following amendm   |
| A. If amending name, enter the new name of the corporation:   |   |
| NAKHAKI, INC.   | The ne  |
| name must be distinguishable and contain the word "corpora<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>word "chartered," "professional association," or the abbreviation | tion," "company," or "incorporated" or the abbreviatio<br>r "Co". A professional corporation name must contain th |
| B. Enter new principal office address, if applicable:   | 3731 N. COUNTRY DR  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | APT 322   |
|   | AVENTURA, FL 33180  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 3731 N. COUNTRY DR  |
|   | APT 322   |
|   | AVENTURA, FL 33180  |
| D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.   |   |
| Name of New Registered Agent  |   |
|   |   |
| (Florida  | street address)   |
| New Registered Office Address: (Ci  | , Florida<br>(tv) (Zip Code)  |
|   | · · · · · · · · · · · · · · · · · · ·   |
| New Registered Agent's Signature, if changing Registered Age<br>I hereby accept the appointment as registered agent. I am familia   |   |
| Signature of New Registere  | ed 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:<br>X Change       | <u>PT</u>    | John Do  | <u>oe</u>   |   |                                       |
|----------------------------|--------------|----------|-------------|---|---------------------------------------|
| X Remove                   | <u>V</u>     | Mike Jo  | nes         |   |                                       |
| X Add                      | <u>sv</u>    | Sally Sn | <u>nith</u> |   |                                       |
| Type of Action (Check One) | <u>Title</u> |          | Name        |   | Address                               |
| 1) Change                  |              | _        |             | - |                                       |
| Add                        |              |          |             |   | · · · · · · · · · · · · · · · · · · · |
| Remove                     |              |          |             |   |                                       |
| 2) Change                  |              | _        |             | - |                                       |
| Add                        |              |          |             |   |                                       |
| Remove                     |              |          |             |   |                                       |
| 3) Change                  |              | _        |             |   |                                       |
| Add                        |              |          |             |   |                                       |
| Remove                     |              |          |             |   |                                       |
| 4) Change                  |              |          |             |   |                                       |
| Add                        |              | _        |             |   |                                       |
| Remove                     |              |          |             | • |                                       |
|                            |              |          |             |   |                                       |
| 5) Change                  |              |          |             |   |                                       |
| Add                        |              |          |             | , |                                       |
| Remove                     |              |          |             |   | 50. St. St.                           |
| 6) Change                  |              |          |             | _ |                                       |
| Add                        |              |          | · -         |   |                                       |
| Remove                     |              |          |             |   |                                       |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |
|--|
| ARTICLE I, THE NAME OF THE CORPORATION IS:   |
| NAKHAKI, INC.  |
| ARTICLE II, THE PRINCIPAL PLACE OF BUSINESS ADDRESS:   |
| 3731 N. COUNTRY CLUB DR APT 322, AVENTURA, FL 33180.   |
| THE MAILING ADDRESS OF THE CORPORATION IS:   |
| 3731 N. COUNTRY CLUB DR APT 322, AVENTURA, FL 33180  |
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|  |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)       |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| The date of each amendment(s)                                | adoption: 04/08/2013   |
|--|--|
| Effective date if applicable:                                | 4/08/2013  |
| in applicable.   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                                     | (CHECK ONE)  |
| ☐ The amendment(s) was/were act by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |
|  | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes case                                    | st for the amendment(s) was/were sufficient for approval   |
| by   | (voting group)   |
|  | (voting group)   |
| action was not required.  The amendment(s) was/were a        | dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder   |
| action was not required.                                     |  |
| Dated 04/08  | /201/3   |
| Signature  | director, president or other officer – if directors or officers have not been red by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|  | NANCY MORALES  |
|  | (Typed or printed name of person signing)  |
|  | PRESIDENT  |
|  | (Title of person signing)  |