(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CODDOR	ATION: AIBUR CO	MPANY. INC	
DOCUMENT NUMBI	DOOOOOOOO		
The enclosed Articles o	<i>f Amendment</i> and fee are su	ibmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
	SUI	YB EL CHARIF	:
		Name of Contact Person	1
	AIBUI	R COMPANY, IN	1C
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	8534	NW 115 COURT	Γ
_		Address	
	DOR	AL, FL 33178	
-		City/ State and Zip Cod	
ΔIR	URCOMPANY@	GMAIL COM	•
AID		sed for future annual report	notification)
		out to ratary annual report	nonnouncin,
For further information	concerning this matter, plea-	se call:	
SUHYB EL C	HARIF	786	955-5117
Name of	f 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	☐\$52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional C	• •
			is enclosed)
<u>Maili</u>	ng Address	Street	Address
Amendment Section		Amend	ment Section
Division of Corporations		Division of Corporations	
	Box 6327		Building
Tallal	hassee, FL 32314		xecutive Center Circle
		Tallaha	issee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	ently filed with the Florida Dept. of	State)	
P09000096061			
(Document Nu	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this Florida Profit C	Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new name of	f the corporation:		
N/A		The	new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "Co". A profess or the abbreviation "P.A."		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE			
(11 mesper office waress most be A STREE			7 SHE
			田智
C. Enter new mailing address, if applicable	u bija		FEB -6 PHI2: 44
(Mailing address MAY BE A POST OFF			5 P
			THE ONE
			# S
D. If amending the registered agent and/or new registered agent and/or the new reg			* 7
Name of New Registered Agent N	-		
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		the obligations of the position.	
Signati	re of New Registered Agent, if changi	ng	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>v</u>	NAHIM N. GALUE BRACHO	2612 SHERINGHAM RD ORLANDO, FL 32808
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove		-	
5) Change Add Remove			
6) Change Add Remove		-	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
THE SHARES WILL BE SPLIT:
PRESIDENT SUHYB EL SHARIF 50%, AND
VICEPRESIDENT NAHIM N. GALUE BRACHO 50%, TOTAL 100%
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)
N/A

	option: 02/01/2012
The date of each amendment(s) ad	option:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
action was not required.	
Dated / 02/0	01/2012. / 1. M/M.
	rector, president or other officer - if directors or officers have not been
sejlected	I, by an incorporator - if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
/	SUHYB EL CHARIF
•	(Typed or printed name of person signing)
	PRESIDENT
•	(Title of person signing)