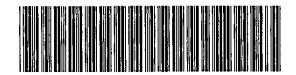
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Office Use Only



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SECRETARY OF STATE

C. LEWIS SEP 2 6 2013 EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Bitar, Inc. DOCUMENT NUMBER: P13000059871 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Abbas Bitar Name of Contact Person Firm/ Company 9480 Boca Cove Circle, unit 404 Address Boca Raton, FL 33428 City/ State and Zip Code abbasbitar1010@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561-) 441-8994

Area Code & Daytime Telephone Number Abbas Bitar Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

13 SEP 19 AM 10: 01

Bitar, inc.		SECRETION
(Name of Corporation as	s currently filed with the I	SECRETARY OF STATE FLORIDA
213000059871		
(Documer	nt Number of Corporation (if known)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new na	ame of the corporation:	
n/a		The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		n/a
Enter now mailing address if anni-	isablar	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a
). If amending the registered agent ar	nd/or registered office add	tress in Florida, enter the name of the
new registered agent and/or the ne	w registered office addres	<u>s:</u>
Name of New Registered Agent	n/a	
	(Florida st	reet address)
New Registered Office Address;	n/a	. Florida
<u>New Registerea Office Address</u> .	(City	
New Registered Agent's Signature, if c		
hereby accept the appointment as regis.	tered agent. I am familiar	with and accept the obligations of the position.
<u></u>	onature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Ziad R. Bazyan	9480 Boca Cove Circle, unit 404
X Add			Boca Raton, FL 33428
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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		•		
If an amendment provides for an exc	hange, reclassificat	ion, or cancellation	of issued shares,	
provisions for implementing the am	endment if not cont	ained in the amend	ment itself:	
(if not applicable, indicate N/A)				
a				

FILED	
date this document was signed.	1 .
Effective date if applicable: (no more than 90 days after amendment file date) SECRETARY OF STATE (no more than 90 days after amendment file date) TALLAHASSEE. FLORID	ļĄ
Adoption of Amendment(s) (CHECK ONE)	•
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/vere approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-16-13 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Abbas Bitar	
(Typed or printed name of person signing)	
President	
(Title of person signing)	