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COVER LETTER

TO: Amendment Section Division of Corporations

ASPIRA Corp. NAME OF CORPORATION:	
N19000000934	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for tilling.	
Please return all correspondence concerning this matter to the following:	
Ahzin Bahraini	
(Name of Contact Person)	
Ketab Corp (ASPIRA)	
(Firm/ Company)	
225 Madeira Ave Apt. 2	
(Address)	
Miami, Ft 33134	
(City/ State and Zip Code)	
ahzin.bahraini@gmail.com	
E-mail address; (to be used for future annual report noti	lication)
For further information concerning this matter, please call:	
Ahzin Bahraini 404 at	729 8438
	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Departm	ent of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ Certificate of Status Certified Copy (Additional copy is enclosed)	i\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ASPIRA Corp.

(Name of Corporation as currently filed with the Florida I	Dept. of State)	<u>.</u>
N19000000934		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit C	Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
Ketab Corp.		The new
name must be distinguishable and contain the word "corporal" "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the a	
B. Enter new principal office address, if applicable:	n/a	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	n/a	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		.)
		Pi1_
D. If amending the registered agent and/or registered office	ce address in Florida, enter the	e name of the 26
new registered agent and/or the new registered office a		26
Name of New Registered Agent: n/a		
	(Florida street	address)
New Registered Office Address:		
n/a		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		e e e
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obliga	ttions of the position.
Si	gnature of New Registered Agen	n, 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes enes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>COO</u>	Cleo Hastings	225 Madeira Ave. Apt. 2 Miami, Fl 33134
Remove			
2) Change Add	<u>COO</u>	Olivia Baker	n/a
X Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Change 1: The Name of t	he Non-Profit sho	uld be Ketab	
Change 2: Cleo Hastings			

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The date of each amendment date this document was signed	t(s) adoption: <u> </u>	/a				_, if other than the
Proceedings of the Committee Library	n/a					
Effective date if applicable:	(no	more than 90 days	after amendme	ent file date)		
Note: If the date inserted in the document's effective date on t	nis block does no	t meet the applica			this date will not	be listed as the
Adoption of Amendment(s)	(<u>C</u> 1	HECK ONE)				
☐ The amendment(s) was/w	vere adopted by topproval.	he members and t	he number of v	otes cast for the a	mendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8/18/2020
Signature ahzink
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Ahzin Bahraini
(Typed or printed name of person signing)
Founder and Director of Ketab (formerly ASPIRA)
(Title of person signing)