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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	AMAL INC					
N24 DOCUMENT NUMBER:	000005041					
The enclosed Articles of Amendn	nent and fee are subn	nitted for filing.				
Please return all correspondence c	concerning this matte	r to the followin	g:			
Fariba Byhardt						
	((Name of Contac	et Person)			
ACCT.						
		(Firm/ Comp	pany)			
2501 High Ave						
		(Address	s)			
Panama City FL. 32405						
	(City/ State and 2	Zip Code;	ı		
Faribabyhardt64@yahoo.com						
E-mail	address: (to be used	for future annua	l report ne	otification	1)	
For further information concerning	g this matter, please (call:				
Fariba Byhardt			850 _at		276-4507	
(Nam	e of Contact Person)	- 	(Аге	a Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the follow	ing amount made pay	yable to the Flor	ida Depar	tment of	State:	
□ \$35 Filing Fee □\$4 C	3.75 Filing Fee & [ertificate of Status	S43.75 Filing l Certified Copy (Additional co enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is	
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327	ction		Division	nent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AMAL INC		
(Name of Corporation as currently filed with the Florid	a Dept. of State)	
N24000005041		
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Prof</i>	It Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or th	The new he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	227 Harrison Ave	
(Principal office address <u>MUST BE A STREET ADDRES</u>	Panama City FL. 32401	
		24 00
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1063	T 3
	Panama City FL, 32402	
		*
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		the name of the
	Yma Salman errison Ave	(same)
New Registered Office Address:	(Florida sti	reet address)
Panama	a City	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		ligations of the position.
	Signature of New Registered A	gent, 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 De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) × Change Add	<u>P</u>	No change of name just address	227 Harrison Ave Panama City FL. 32401
Remove			
2) X Change Add	VP	No change of name just address	227 Harrison Ave Panama City FL. 32401
3) X Remove Change Add Remove	<u>T</u>	No change of name just address	227 Harrion Ave Panama City FL. 32401
4) × Change Add	<u>S</u>	No change of name just address	227 Harrison Ave Panama City FL, 32401
Remove 5) Change Add Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			

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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	o more than 90 days after amendment file date)	
ine.	s more than 90 days after amenament fite date)	
<u>Note:</u> If the date inserted in this block does i document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s) (Q	CHECK ONE)	
■ The amendment(s) was/were adopted by	the members and the number of votes east for the amendment(s).	

was/were sufficient for approval.

Dated	September 23, 2024
Signatur	eSalane
	(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)
	Shayma Salman
	Shayma Salman (Typed or printed name of person signing)
	-