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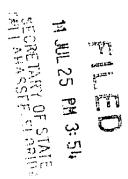
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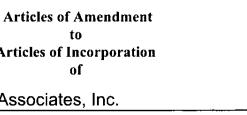
COVER LETTER

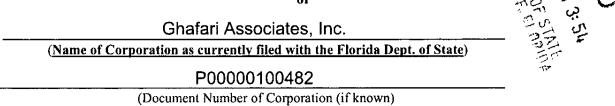
TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Ghafari Associates,	Inc.	
DOCUMENT NUMBER:		P0000010048	32	
The enclosed Articl	es of Amendment and fee a	are submitted for filing.		
Please return all cor	respondence concerning thi	is matter to the following:	•	
-		Ali Alchikh		
	N	lame of Contact Person		
Ghafari Associates, Inc. Firm/ Company		· · · · · · · · · · · · · · · · · · ·		
		Pillio Company		
_	1012 W. Bearss Avenue			
		Address		
_		Гатра, FL 33613	<u>,</u>	
	C	ity/ State and Zip Code		
	E-mail address: (to be use	75@gmail.com d for future annual report notification	1)	
For further informate	tion concerning this matter,	please call:		
	Ali Alchikh	at (<u>813</u>)	382-1414	
Name (of Contact Person	Area Code & Daytime	Telephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Dep	partment of State:	
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	. ,	
Tallahassee, FL 32314		2661 Executive Center Ci	ircie	

Tallahassee, FL 32301

Articles of Incorporation





(Document l	Number of Corporation (if known)
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		ida Profit Corporation adopts the follo
A. If amending name, enter the new nam	ne of the corporation:	•
A L. Disciplish II.	d	The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," '	the designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		,
D. If amending the registered agent and/		lorida, enter the name of the
new registered agent and/or the new r	registered office address:	
Name of New Registered Agent:	Ali Alchikh	
	1012 W. Bearss Avenue	•
New Registered Office Address:	(Florida street addi	ress)
	Tampa	, Florida_33613
	(City)	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent:	. J. 13th of Col. 1st
I hereby accept the appointment as register	ed agent. I am familiar with and	accept the obligations of the position.
•	Signature of New Registered A	gent, if changing

removed ar		s, enter the title and name of each office each Officer and/or Director being adde	
<u>Title</u>	<u>Name</u>	Address	Type of Actio
VP	Ali Alchikh	1012 W. Bearss Avenue Tampa, FL 33613	✓ Add Remove
·			Add Remove
N/A			
			
<u>provisi</u> c		hange, reclassification, or cancellation on the amendment if not contained in the amendment.	
N/A			<u> </u>

The date of each amendmen	it(s) adoption: <u>07</u>	7/20/2011
Effective date if applicable:		(date of adoption is required)
	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by	(voting group)	.,,,
	(voting group)	
action was not required.		board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
Dated_07/2	20/2011	
Signature _		
sel		lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Samer Alghafari
	(Туј	ped or printed name of person signing)
		President
	(Title of	f person signing)