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Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TURANIB CORE	PORATION
DOCUMENT NUMBER: P01000056405	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
ARIFUL SOHEL	
	Name of Contact Person
TURANIB CORPORATION	N
	Firm/ Company
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1296 8-31	Addrass
¬	Address SEAUH FU City/ State and Zip Code
DAYTONA 13	EAUH IZ
	City/ State and Zip Code
E-mail address: (to be a For further information concerning this matter, plea	used for future annual report notification)
•	at (386) 341 - 8008 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
S35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TURANIB CORPORATION

(Name of Corporation as currently	filed with the Florida Dept. of Sta	<u>te</u>)
P01000056405		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the	e following amendment(
A. If amending name, enter the new name of the corporation:	N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H/R	18 DEC 18
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	E. T. COMB.
Name of New Registered Agent	N/A	
(Florida stree	t address)	
New Registered Office Address:	, Florid:	a(Zin Code)
	المِينَّرِينَ	$(z_{ip}, \zeta_{i}, a_{i})$
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the	position.
Signature of New Res	gistered 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>	<u>Name</u>	<u>Addres</u> s
1) Change	V	NASHIR KHAN	1296 8TH ST
Add			DAYTONA BEACH
X Remove			FL 32117
2) Change			
Add		_	
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary). (Be specific)	
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	<u>N_X</u>
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an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c	cation, or cancellation of issued shares,
(if not applicable, indicate N/A)	ontained in the amendment usen.
.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NIX
	N X

The date of each amendment(s) adoption:date this document was signed.	December 6, 2018	, if other than the
Effective date <u>if applicable</u> :	December 6, 2018 December 6, 2018 no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this are's records.	date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	areholders. The number of votes cast for the amendme royal.	nt(s)
	nareholders through voting groups. The following state oup entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by		
tvoting	(group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareho	older
☐ The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and shareholder	
Dated December	11,201F	
(By a director, presider	on or other officer – if directors or officers have not be	
selected, by an incorpe appointed fiduciary by	orator – if in the hands of a receiver, trustee, or other c / that fiduciary)	ourt
<i>ARIF</i> (Ty	Pred or printed name of person signing)	
	ORESIDENT / SECRETARY (Title of person signing)	
	(Title of person signing)	