POUDDOUNIOZ

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SUNSET STRIP I	NVESTMENTS, INC.			
DOCUMENT NUMB	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
·	AHMAD SHEHADEH				
•	·	Name of Contact Person	1 .		
•	SUNSET STRIP INVESTMENTS, INC.				
•		Firm/ Company			
	3784 COCO LAKE DRIVE				
Address					
COCONUT CREEK, FL 33073					
•	City/ State and Zip Code				
For further information	E-mail address: (to be us	sed for future annual report	notification)		
AHMAD SHEHADE		054	914-3666		
Name of Contact Person Area Code & Daytim		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
	Box 6327 hassee, FL 32314		Sunding Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUNSET STRIP IN VESTMENTS, INC.				
(Name of Corporat	ion as currently fi	led with the Florida Dept.	of State)	
P04000067102			•	
(Docur	ment Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Flo	rida Profit Corporation ado	pts the following a	imendment(s)
A. If amending name, enter the new name of the c	orporation:			
			7	he new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co	". A professional corporati	ated" or the abbi	reviation ntain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS)				
	•			
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)		三年	
	_		1	
	-			3
	-		1.161	PH 12: 31
D. If amending the registered agent and/or registe		in Florida, enter the name	of the	<u> </u>
new registered agent and/or the new registered	onice address:		ر بروح الرابعة الرابعة الرابعة	ယ္မ
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			Florida	• >
	(Ci	(y)	(Zip Cod	de)
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with	and accept the obligations	of the position.	
Sign	nature of New Real	stered 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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		ABDELAZIZ SHEHADEH	4420 BANYAN TRAILS DR
Add				COCONUT CREEK FL 33073
X Remove				
2) Change	P		AHMAD SHEHADEH	3784 COCO LAKE DRIVE
X Add		,	,	COCONUT CREEK FL 33073
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		· · · · ·		
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
····	
	•
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no move than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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/were 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.	
SEPTEMBER 27, 2016	
Signature (1-8h. wader	
(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)	_
ABDELAZIZ SHEHADEH	
(Typed or printed name of person signing)	···
PRESIDENT	
(Title of person signing)	