# P04000094210

(Re	equestor's Name)	
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(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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ON ALL AMASSES FLORIDA



#### COVER LETTER

Division of Corporations
NAME OF CORPORATION: Fatis and Fadi Inc., DOCUMENT NUMBER: PO 4000094210
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Abdula A. Atef Name of Contact Person
P.O.Box 574
P.O. Box 574  O. hatt. F/ 32324
City/ State and Zip Code
atef 4706@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abd Name of Contact Person at (850) 570 4706  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment Articles of Incorporation

## (Name of Corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ts Articles of Incorporation:		
A. If amending name, enter the new name of the	corporation:	
		The ne
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp, "Inc." or Co". A projessio	r "incorporated" or the abbreviational corporation name must contain th
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	
D. If amending the registered agent and/or registered agent and/or the new register		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
New Negatives Office Hawess.	(City)	Florida
New Registered Agent's Signature, if changing F	⊋agistered Agent	
I hereby accept the appointment as registered agen	t. I am familiar with and accept the	obligations of the position
	Sanatura of Nav Registered Agent is	Chamaino

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)

\_\_ Remove

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 = Trusiee, 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Nader Najja	r 2228 N Carriation
Add			Talh, Pl
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

If amending or adding additional Arti Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	here:		
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f an amendment provides for an exch provisions for implementing the ame	iange, reclassification indment if not contai	n, or cancellation o ned in the amendm	<u>l issued shares,</u> ent itself:	
(if not applicable, indicate N/A)				
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The date of each amendment(s) addate this document was signed.	option: If other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
,	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_ Le 1	2119 Dem Och
Signature	arm at
(By a d selected	irector, president or other officer – if directors or officers have not been d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	dersident
	(Title of person signing)