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TALLAHASSEE, FLORIDA

SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MALIHA, IN	C.	
DOCUMENT NUMBER: P04000120162		· <del></del>
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
ALAMGIR HOSSAIN		
(Name	of Contact Person)	
MALIHA, INC.		
(Fi	irm/ Company)	<del></del>
1400 SOUTH 14TH STREE	••	
	(Address)	. 43
LEESBURG, FL 34748		
•	State and Zip Code)	
For further information concerning this matter,	, please call:	
ALAMGIR HOSSAIN	at ( 407 ) 463-925	
(Name of Contact Person)	(Area Code & Daytime	•
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	\$43.75 Filing Fee & Certified Copy (Additional copy is renclosed)	☐ \$52.50 Filing Fee Certificate of Status 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 Ci Tallahassee, FL 32301	rcle

## Articles of Amendment to Articles of Incorporation of

	FILED	
2001 p	10Y-3 D	
TALLAR	ASSEL FINALE	

	of	TASSONS TAND
MALIF	HA. INC.	TALLAHASSEL S
(Name of Corporation as currently fil		(State)
P0400	0120162	<del></del>
(Document Number of Control of Co		
ursuant to the provisions of section 617.1006, Florida e following amendment(s) to its Articles of Incorpora		or Profit Corporation adop
If amending name, enter the new name of the con	rporation:	
I/A	•	
he new name must be distinguishable and contain to bbreviation "Corp." or "Inc." <mark>"Company" or "Co."</mark>		
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )	
	<del></del>	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
. If amending the registered agent and/or registered	ed affice address in Florida	antau the name of the
new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:		
		····
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
w Dagistared Agent's Signature if changing Dagis	starad Agants	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. sition.		ccept the obligations of th
	of New Registered Agent, if	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	NAZMA ZAMAN		Add Remove
<u>VP</u>	SULTANA ZAHID	205 S NERSURY ROAD LEESBURG, FL 34748	Add Remove
· ·			Add Remove
E. If amendin (attach addi	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	change(s) here:	
			- · · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: 10/01/2008		
Effective date if applicable:	10/25/2008	
<u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_ 10/2		
Signature	Hang Hamai	
(By	the chairman or vice chairman of the board, president or other officer-if directors the not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	ALAMGIR HOSSAIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Page 3 of 3