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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	JUNAID CPA & ASSOCIATES CORP
DOCUMENT NUMBER:	P05000019283
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	SHARON JUNAID
	Name of Contact Person
JUI	NAID CPA & ASSOCIATES CORP
	Firm/ Company
54	401 N UNIVERSITY DR STE 102
	Address
	CORAL SPRINGS, FL. 33067
	City/ State and Zip Code
JU	INAIDCPA@YAHOO COM
E-mail address:	INAIDCPA@YAHOO.COM (to be used for future annual report notification)
For further information concerning this	matter, please call:
SHARON JUNAID	at(954) 796-4442
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
✓ \$35 Filing Fee	
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

	of	11 SFP FILED
J. JUN	AID CPA & ASSOCIATES CORP,	SECRETARY PAIR: 16
(Name of Corpo	ration as currently filed with the Florida Dept. of	State LAHACON OF CT.
	P05000019283	SEE, FLORID
. (Document Number of Corporation (if known)	- AIOA

(Document Numb	ci of corporation (if known)	
ursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Pr	cofit Corporation adopts the following
. If amending name, enter the new name of	the corporation:	
•		The new
ame must be distinguishable and contain the observation "Corp.," "Inc.," or Co.," or the came must contain the word "chartered," "profe	lesignation "Corp," "Inc," or "C	Co". A professional corporation
Enter new principal office address, if appli rincipal office address MUST BE A STREET		
	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	
If amending the registered agent and/or re	gistered office address in Florida	a. enter the name of the
new registered agent and/or the new regist		
· Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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)

<u>Title</u> Name	Address	Type of Action
VP NADER JUNAID	5401 N UNIVERSITY DR STE 102 CORAL SPRINGS, FL. 33067	☐ Add ☑ Remove
		☐ Add ☐ Remove
		☐ Add ☐ Remove
E. If amending or adding additional Articles, enter c	hange(s) here:	
(attach additional sheets, if necessary). (Be specific	"	
	•	
· · · · · · · · · · · · · · · · · · ·		
		···
F. If an amendment provides for an exchange, recla provisions for implementing the amendment if no	ssification, or cancellation of issot contained in the amendment i	ued shares, tself:
(if not applicable, indicate N/A)		
· .		

ine date of cach amendmen	nt(s) adoption: U8/15/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 08/15/2011
Tappireasse.	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
· · · · · · · · · · · · · · · · · ·	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	' (voting group)
The amendment(s) was/wastion was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/waction was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated <u>8</u>	-15-11
Signature _ (B	y a director, president or other officer – if directors or officers have not been
sel	pointed fiduciary by that fiduciary)
	SHARON Junaid Aman u Junaio
	(Typed or printed name of person signing)
	V. President - President (Title of person signing)