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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Re	equestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
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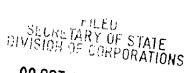
TROBERTS OCT 1'6 2009

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    SHARIQ GHAZNAV	
Please return all correspondence concerning this matter to the following:    SHARIQ GHAZNAVI	
SHARIQ GHAZNAVI Name of Contact Person  SUNRISE UNITED INC Firm/ Company  18281 NW 19TH ST Address  PEMBROKE PINES, FLORIDA 30029 City/ State and Zip Code  SARABAZAAR@YAHOO.COM E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SHARIQ GHAZNAVI Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array} \text{\$35 Filing Fee} & \Begin{array} \text{\$43.75 Filing Fee} & arr	
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18281 NW 19TH ST	
PEMBROKE PINES, FLORIDA 30029  City/ State and Zip Code  SARABAZAAR@YAHOO.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SHARIQ GHAZNAVI  at ( 754 ) 423-3593  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}\text{\$\sum{43.75}\$ \text{Filing Fee} & \$\text{\$\sum{\$\sum{\$\sum{\$\sum{\$\cute{43.75}\$ \text{Filing Fee} & \$\text{\$\cute{\$\cute{\$\cute{\$\cute{43.75}\$ \text{Filing Fee} & \$\$\cute{\$\cu	
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Certificate of Status Certified Copy Certificate of Status	
(Additional Copy is	us
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation



				•	MOLLAND THE
SUNRISE U				09 OCT 15	PM L. C.
(Name of Corporation as currently	filed with the	<u>he Florida Dept.</u>	of State)	. •	111 4: 34
P05000	0081893				
(Document Number	of Corporation	on (if known)	<u></u>		
Pursuant to the provisions of section 607.1006, Flamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida I</i>	Profit Corp	ooration adop	ots the following
A. If amending name, enter the new name of the	corporation	i.			
					_The new
name must be distinguishable and contain the vabbreviation "Corp.," "Inc.," or Co.," or the desi name must contain the word "chartered," "profession	ignation "Co	rp," "Inc," or "	Co". A p	rofessional co	d" or the orporation
B. Enter new principal office address, if applicab	ble:				_
(Principal office address <u>MUST BE A STREET Al</u>		AIA			
					-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>3<i>0X</i></u> )	ME	+		-
	•				<b>.</b> -
D. If amending the registered agent and/or registered agent and/or the new registered			da, enter t	he name of tl	<u>he</u>
Name of New Registered Agent:		J/A	<del></del>		
New Registered Office Address:	(Floria	da street address,	)		
			ŗ	lorida	
_	(City)		(Zip Co	ode)	<del></del>
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			ent the obli	gations of the	position.
. no, coy accept the appointment as regulered agent		reserve to the total		0	F-20111011

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
<u>D</u>	SINGIREDDY RAVINDER	413 STONE BRIDGE CIRCLE ALLEN, TEXAS, 75013	☐ Add ☐ Remove
D	SHEIKH FAROOQUDDIN	3521 BONITA DRIVE PLANO ,TEXAS, 75025	☐ Add ☐ Remove
	<del></del>		Add Remove
	ling or adding additional Articles, ente		
	~		
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
provisio	nendment provides for an exchange, re ons for implementing the amendment is ot applicable, indicate N/A)		
SHEIKH F	AROOQUDDIN A , SOLD HIS SH	IARES NUMBERED 451-600 (	ATOTAL OF
150 SHAF	RES) TO SHARIQ GHAZNAVI FOR	R A SUM OF \$150.00	
SINGIRE	DDY RAVINDER , SOLD HIS SHA	RES NUMBERED 601-750 ( A	TOTAL OF
150 SHAF	RES ) TO SHARIQ GHAZNAVI FO	R A SUM OF \$150.00	
<del> </del>			
	<del></del>		

The date of each amendment	t(s) adoption: 9/30/09
Effective date <u>if applicable</u> :	9/30/09 (date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
• •	are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 9/30	1/09 
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	SHARIQ GHAZNAVI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)