Florida Department of State

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To:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE HOLY CITY BAKERY, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Holy	City Bakery Inc.
DOCUMENT NUMBER:	<u></u>
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Ame	en Mahdi
	Name of Contact Person
	Firm/ Company
<u>5025 E</u>	Fowler Ave # 7
Tamps	City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Ameen Mahali	at (813) 712 - 9156 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee \\ (Additional copy is enclosed) \$\sum \\$(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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Λf

The Holy City Bakery I	N.	
(Name of Corporation as currently filed with th	e Florida Dept. of State)	
PO5000145925		
(Document Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "company," or "Inc.," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A."	'incorporated' or the abbreviation corporation name must contain	"Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	·	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida	, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
		٠, 2
(Florida street address)		غ
New Registered Office Address: (City)	, Florida	<u>, </u>
(City)	(Zip Co	· 1 ,
		· :
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept	t the obligations of the position.	0: 1.7
Amen Maheli		-
Signature of New Registered Agen	t, if changing	
Check if applicable	•	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change	UP	yousef thasseb	201 Derby Downs PL
Add			Tamos. FL. 3340
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			W-817-8
Remove			

). (Be specific)
	
lf an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
If an amendment provides for an ex provisions for implementing the an (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
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•

The date of each amendment(s) adoption:	10.31.2005	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does not redocument's effective date on the Department of Sta		, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
Z The amendment(s) was/were adopted by the incoaction was not required.	orporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		ndment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro	archolders through voting groups. The following oup entitled to vote separately on the amendment	
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval	
by(voting	"	
(voting	group)	
Dated 6/13/201	Wahali	
Signature	nt or other officer - if directors or officers have no	ot been
	orator – if in the hands of a receiver, trustee, or ot	
appointed fiduciary by	that fiduciary)	
Am	icen tlahal	
(Туг	ped or printed name of person signing)	
	RA	
(Titl	le of person signing)	