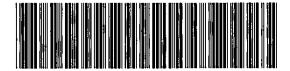
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Karna fully Enterprises TNC: DOCUMENT NUMBER: 905000 152726				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person Karrafuly Enterficient Firm/Company Address Address City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mchamed Sitcles at (863) 934-8922 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:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Karrafili Fortoro	CIND TAR.	
Name of Corpora	tion as currently filed with the Florida Dept. of S	State)
105000152726		
(Docu	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit 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 we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co". A professional corporation	1" or the abbreviation name must contain the
B. Enter new principal office address, if applicab		
(Principal office address <u>MUST BE A STREET AD</u>	<u>'DRESS</u> ')	
	777	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>ox</u>)	
·		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of d office address:	the
Name of New Registered Agent		
	(Florida street address)	
N 2 100 411	,	
New Registered Office Address:	, Flor	ida(Zip Code)
	1.5.27	(-), 5
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of th	ie position.
		1
C:~	nature of New Registered Agent, if changing	
Sign	name of ivew negistered Agent, if changing	

address of each Officer and/or (Attach additional sheets, if necest) Please note the officer/director to P = President; V = Vice President Executive Officer; CFO = Chief held. President, Treasurer, Direct Changes should be noted in the factoring of the Mike Jones, V as Remove, and Sa	tle by the first letter of the office title: It is the first letter of the office title: It is the first letter of the office title: It is the first letter of the office title: It is the first letter of each office tor would be PTD. It is the first letter of each office tor would be PTD. It is the first letter of each office tor would be PTD. It is the first letter of each office tor would be PTD. It is the first letter of each office tor would be PTD. It is the first letter of each office tor would be PTD.
Example: X Change PT	John Doc
X Remove V	Mike Jones
X Add SV	Sally Smith
Type of Action (Check One)	Name Address
1) Change	SHALL M HOSSEIN 166 Dairy RO
Add	Auburndale 1 3382
Remove	· ·
2) Change	
Add	
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	<i>,</i>
Add	
Remove	
6) Change	
Add	
Remove	

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	-
	+
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	_

The date of each amendment(s) adoption: 930/15 date this document was signed.	, if other than th
Effective date if applicable: . (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with document's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	•
Dated 9/30/15	
Signature //e/state	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Mohammad Siteer	
(Typed or printed name of person signing)	
KesiDert	

(Title of person signing)