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## **COVER LETTER**

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	RATION: SUARISE	Home AND GA	EDEN CORPORATION		
DOCUMENT NUMB	BER: <u>PO6.00</u>	0150796			
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	Houne	Faraki			
-		Faraki Name of Contact Perso	n		
-		Firm/ Company	, <u> </u>		
	1215 BOX	ioist Forms	Rd Apt 206		
		74001633			
	WAST PALM	BCH FC  City/ State and Zip Cod	33411	<u></u>	: ::•
		City/ State and Zip Cod	le	ري. ا	- 4
	MOROCSU E-mail address: (	102.50 I O Go to be used for future annual	akoo.com	19 FCF 27 - PK-3: 1-n 	Yaki isa
For further information	concerning this matter, pleas	se call:		P: 3:	기업 기업
Nina	Warshad	at (_954_	540-6462	ت ع	,
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		•
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis	ing Address Indiment Section Identify Corporations Box 6327	Ameno Divisio	Address  Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

	of .
Sourise Hame A	AD GALDER CHORSEGISS
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
Palagori	50796
	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbrevian	or "Co". A professional corporation name must contain the $\sim$
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1215 Benoist Frams Rd
interput office university in the state of t	Apt 206
	West Palm Bob FL 33411
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	1215 Bensist Farms Ru
	Apt 206
	West Palm Boh, Fl 33411
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	address in Florida, enter the name of the lress:
Name of New Registered Agent	
	; <del></del> ; <del></del> ; <del></del> ;
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	್
New Registered Agent's Signature, if changing Registered A	genti 5 E
I hereby accept the appointment as registered agent. I am fam	gent: iliar 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, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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 = Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officerly 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lv Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	Rosi Farahi	6086 Yellow Sun De
Add Remove			Lake Worth FL 33462
2) Change Add			
Remove			
3 ) Change Add			
Remove			
4) Change Add			
Remove			<del> </del>
5) Change Add			
Remove			<del></del>
6) Change Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter chang	ge(s) here:				
(Miach additional sneets, if necessary).	(ne specijic)					
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If an amendment provides for an exch	iange, reclassific	ation, or can	cellation of is	sued shares,		
provisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not co</u>	ntained in <u>th</u>	e amendment	itself;		
(у на иррасияе, винеше мя)						
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The date of each amendment(s) addate this document was signed.	doption: TCb 23,20/9
Effective date <u>if applicable</u> :	Feb 23, 2019
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
<ul><li>□ The amendment(s) was/were add action was not required.</li><li>□ The amendment(s) was/were add</li></ul>	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.  Dated	
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	Howik Farahi (Typed or printed name of person signing)
	President
	(Title of person signing)

if other t