P07000113375

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (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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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

APPROVED AND FILED

N.C

G. Coulinate NOV 2 6 2007

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: ZAHID SH | IERA INC | |
|--|---|---|
| DOCUMENT NUMBER: P07000113375 | | |
| The enclosed Articles of Amendment and fee | e are submitted for filing. | |
| Please return all correspondence concerning t | this matter to the following: | |
| ZAHID SHERA | | |
| | ne of Contact Person) | |
| ZAHID SHERA INC | | |
| . (1 | Firm/ Company) | |
| 125 NW SPANISH RIVER E | BLVD | |
| | (Address) | |
| BOCA RATON, FL. 33431 | | |
| (City/ | State and Zip Code) | |
| For further information concerning this matte | r, please call: | |
| ZAHID SHERA | at (561)_317-198 | 38 |
| (Name of Contact Person) | (Area Code & Daytime | Telephone Number) |
| Enclosed is a check for the following amount: | : | |
| ☑\$35 Filing Fee | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (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 Clifton Building 2661 Executive Center Ci | rcle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ZAHID SHERA INC

| (Name of corporation as currently filed with the Florida Dept. of State) | | | |
|---|----------------|--------------|-----|
| P07000113375 | | | |
| (Document number of corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporat</i> adopts the following amendment(s) to its Articles of Incorporation: | tion | | |
| NEW CORPORATE NAME (if changing): | | | |
| PLEASE CHANGE THE NEW CORPORATION NAME TO - SHERA'S INC | | • | |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co (A professional corporation must contain the word "chartered", "professional association," or the abbreviation | | | |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) | ber(s) | | |
| N/A | | | |
| | SEC | 07 | |
| | - } | 07 NOV 16 | |
| | TARY ASSE | 91 | E-A |
| | m m | P_ X | |
| | STAT | 3: 06 | |
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| | | | |
| (Attach additional pages if necessary) | | | |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, profor implementing the amendment if not contained in the amendment itself: (if not applicable, independent) | | .) | |
| N/A | | | |
| | | | |
| | | | |

(continued)

| The date of each amendment(s) adoption: 11/05/2007 | | |
|--|---|--|
| Effective date if applicable | 11/05/2007 | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s | (CHECK ONE) | |
| | s) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. | |
| | s) was/were approved by the shareholders through voting groups. The ent must be separately provided for each voting group entitled to vote amendment(s): | |
| "The number | of votes cast for the amendment(s) was/were sufficient for approval by | |
| · · · · · · · · · · · · · · · · · · · | (voting group) | |
| | s) was/were adopted by the board of directors without shareholder action ction was not required. | |
| , | s) was/were adopted by the incorporators without shareholder action and n was not required. | |
| sel | 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) | |
| ZA | AHID SHERA | |
| | (Typed or printed name of person signing) | |
| · Pi | RESIDENT | |
| | (Title of person signing) | |

FILING FEE: \$35