P08000036911

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2011

Rehand 2/25/2011

H. RASSAEI MAHMOUD & AMIN INVESTMENT INC 9968 STOCKBRIDGE DR TAMPA, FL 33626

SUBJECT: MAHMOUD & AMIN INVESTMENT INC

Ref. Number: P08000036911

We have received your document for MAHMOUD & AMIN INVESTMENT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Page 1 of your document is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 811A00004070

11 MAR -



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2011

Keturud 2-11:2011

H RASSAEI MAHMOUD & ADMIN INVESTMENT 9968 STOCKBRIDGE DR TAMPA, FL 33626

SUBJECT: MAHMOUD & AMIN INVESTMENT INC

Ref. Number: P08000036911

We have received your document for MAHMOUD & AMIN INVESTMENT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 011A00001130

TEB 16

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: Ma	hmoud and Amin Investme	ents, Inc.
DOCUMENT NU	MBER:	P08000036911	· ·
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
	H Passac	I Jame of Contact Person	!
	1	Firm/ Company	nents Inc.
	9948 54	ockbrdge Dr. Address	
	Tampa	FL 33424 City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further inform	ation concerning this matter,	, please call:	
Name	of Contact Person	at () Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount r	nade payable to the Florida Depar	tment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendmer Division of P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

mimbed 12/17/10

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

	of	MAR
Mahmoud	Amin Investment Inc	TOUS ONE AM O.
(Name of Corporation as	currently filed with the Florida Dep	ot. of State) LAHAS SEL OF 3.35
	P08000036911	- SEE, FLOOR
(Documen	t Number of Corporation (if known)	- 11/0 _A

lowing

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation	adopts the foll
A. If amending name, enter the new name of	of the corporation:	
name must he distinguishable and contain	the word "corporation," "company," or "incorpo	The new
abbreviation "Corp.," "Inc.," or Co.," or th	e designation "Corp," "Inc," or "Co". A profession of the abbreviation "P.A."	
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		_
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name istered office address:	of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	Florida (City) (Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered to	ing Registered Agent: agent. I am familiar with and accept the obligations of	f 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D/P/S/	Teach M Rassaei	987) Madow Pie Tampa, FL 336	Add Remove
Pres	Houshang Rassaei	9968 Stockbridge Dr. Tampa FL 33626	
	ling or adding additional Articles, edditional sheets, if necessary). (Be s		
provisio	nendment provides for an exchangeons for implementing the amendment of applicable, indicate N/A)		

The date of each amendm	ent(s) adoption: 12/9/2010
Effective date if applicable	tent(s) adoption: 12/9/2010 (date of adoption is required)
-	(no more than 90 days after amendment file date)
Adoption of Amendment((CHECK ONE)
	/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was action was not required	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/action was not required	were adopted by the incorporators without shareholder action and shareholder
Dated	12-9-2010
	2
Signature	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)
	Mahmund Teach Rassaei (Typed or printed name of person signing)
	(-)
	(Title of person signing)
	(Title of person signing)