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R. White

COVER LETTER

O: Amendment Section

Division of Corporations

AME OF CORPORATION: ___ OCUMENT NUMBER: P08000051266 he enclosed Articles of Amendment and fee are submitted for filing. lease return all correspondence concerning this matter to the following: LUIS R. SMITH Name of Contact Person TAXES USA LLC Firm/ Company 11402 NW 41ST STREET SUITE 211 Address **DORAL, FL 33178** City/ State and Zip Code LM.JESSEL@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: at (305) 470-2429
Area Code & Daytime Telephone Number UIS R. SMITH Name of Contact Person inclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee S35 Filing Fee ☐\$43.75 Filing Fee & ■\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

IAH INTERNATIONAL INC

(Name of Corporatio	n as currently filed with the Florida De	pt. of State)
8000051266		
(Docume	ent Number of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s)
If amending name, enter the new name of the con	poration:	TV.
me must be distinguishable and contain the word orp.," "Inc.," or Co.," or the designation "Corp, or the designation," or the designation or the designation of the design	" "Inc," or "Co". A professional corpo	The new porated" or the abbreviation pration name must contain the
Enter new principal office address, if applicable:	<u></u>	
incipal office address MUST BE A STREET ADD		
'		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
	 	<u> </u>
If amending the registered agent and/or register new registered agent and/or the new registered		ame of the
Name of New Registered Agent		<u></u>
	(Florida street address)	
		Clavida
New Registered Office Address:	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changing Regereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligati	ions of the position.
I		
Sian	ature of New Registered Agent, if changin	

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and dress of each Officer and/or Director being added: tach additional sheets, if necessary) ase note the officer/director title by the first letter of the office title: = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 'd. President, Treasurer, Director would be PTD. anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add. ample: <u>PT</u> John Doc _Change Mike Jones V Remove [Add <u>SV</u> Sally Smith Address pe of Action Title <u>Name</u> heck One) 4082 WEST LAKE STATES DR VP NAUREEN SYED Change **DAVIE, FL 33328** Add Remove Change Add Remove __ Change Add Remove Change _ Add __ Remove __ Change Add Remove _ Change Add

Remove

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	·
	
. If 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)	
(y not applicable, marcule ma)	

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
ffective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	will not be listed as the
doption 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.	
07/28/2017	
Dated	
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)	
DAWAR HUSSAIN SHEIKH	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)