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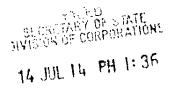
COVER LETTER

TO: Amendment Section Division of Corporations

Services of Corporations					
NAME OF CORPORATION: SAMIER INC.					
DOCUMENT NUMBER: P08000096710					
The enclosed Articles of Amendment and fee are submitted fo	r filing.				
Please return all correspondence concerning this matter to the	following:				
FATEMA BEGUM					
Name	of Contact Person				
SAMIER INC.		· 1			
	m/ Company	•			
3129 SW 15 CT					
,	Address				
FT LAUDERDALE F	FL 33312				
City/ S	tate and Zip Code				
TAXANWAR@GMAIL.	СОМ				
E-mail address: (to be used for futu	ire annual report no	tification)			
For further information concerning this matter, please call:					
to various mornadon exicerning and matter, prease can.					
MOHAMMED A HUSSAIN	_at (954)	483-0526			
Name of Contact Person	Area Code	& Daytime Telephone Number			
Enclosed is a check for the following amount made payable to	the Florida Departn	nent of State:			
Certificate of Status Certif	ied Copy tional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Ad	dress			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



SAMIER INC.

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		•
P08000096710				
(Documen	nt Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation add	ppts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Ce	". A professional corporat		
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A ST	TREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		
(Muning address MAT BE A FOST (OFFICE BUX)			
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter the name	e of the	
new registered agent and/or the nev	v registered office address:			
Name of New Registered Agent	N/A			
	(Florida street	t address)		
New Registered Office Address:	- W	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl	nanging Registered Agent:			
I hereby accept the appointment as registe		h and accept the obligations	of the position.	
	,			
Sig	gnature of New Registered Ag	ent, if changing		

<mark>amending or adding additio</mark> tach <i>additional sheets, if nec</i>	essary). (Be speci	fic)		
· · · · · · · · · · · · · · · · · · ·				
	•			
				· · · · · · · · · · · · · · · · · · ·
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an amendment provides for	n an avahanga maale	ucification or so	ngallation of issue	d charge
rovisions for implementing	the amendment if i	iot contained in 1	he amendment its	self:
(if not applicable, indicat	'c N/A)			
	•			

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)

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

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	SHARMIN AKTER	3031 W DAVIE BLVD
Add			FT LAUDERDALE
Remove			FL 33312
2) Change	Р	MARTHA LOPEZ	229 NW 8TH ST APT206
Add			HALLANDALE BEACH FL
Remove			33009
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption: 06/23/2014	SECTOTARY OF STATE MYSTOR OF CORPORATIONS	, if other than the
date this document was signed.	06/23/2014	14 JUL 14 PM 1: 3F	,
Effective date if applicame:		n 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The sufficient for approval.	The number of votes cast for the amendment(s)	
		through voting groups. The following statement to vote separately on the amendment(s):	t
"The number of votes	cast for the amendment(s) was/	were sufficient for approval	
by	(voting group)	III	
	(voting group)		
The amendment(s) was/were action was not required.	adopted by the board of direct	ors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators v	without shareholder action and shareholder	
Dated 07/02	2/2014		
(By sel		officer – if directors or officers have not been a the hands of a receiver, trustee, or other court ary)	
	NASIMA AKTER		
	(Typed o	or printed name of person signing)	
\vee	PRESIDENT		
	ı	(Title of person signing)	