P08000108596

(Red	questor's Name)	
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C.COULLIETTE

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	MIKHAIEL INC			
DOCUMENT NU	MBER:	P08000108596			
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.			
Please return all co	orrespondence concerning thi	s matter to the following:			
		NWAR ALBABA			
	N	ame of Contact Person			
		MIKHAIEL, INC			
		Firm/ Company			
	4	872 JAMAICA LN			
		Address			
	KIS	SIMMEE, FL 34746			
	C	ity/ State and Zip Code			
	mwi7 E-mail address: (to be use	7251@aol.com d for future annual report notification)			
For further information	ation concerning this matter,	please call:			
A	NWAR ALBABA	at (<u>407</u>) <u>7</u>	58-3842		
Name	of Contact Person	Area Code & Daytime Te	lephone Number		
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	rtment of State:		
	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	·le		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2009

ANWAR ALBABA MIKHAIEL, INC. 4872 JAMAICA LN KISSIMMEE, FL 34746

SUBJECT: MIKHAIEL INC Ref. Number: P08000108596

We have received your document for MIKHAIEL INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

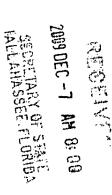
Where is your last page of your form? You must have the complete application before it can be filed.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 209A00036180



Division of Compositions D.O. DOV 6997 Wellshames Elevide 20014

Articles of Amendment to -

Articles of Incorporation

MIKHAIEL, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000108596

(Document Number of Corporation (if known)

lowing

Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		es, this <i>Florida Prof</i>	it Corporation adop	ts Ch e foll
A. If amending name, enter the new name	of the corporation	<u>ı:</u>		
				_The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered." "p	he designation "Co	rp," "Inc." or "Co"	'. A professional co	l" or the prporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)				-
				- -
D. If amending the registered agent and/o new registered agent and/or the new re			enter the name of tl	<u>1e</u>
Name of New Registered Agent:,	Central FL Ac	counting & Taxes	s, Inc	
New Registered Office Address:		ointe Pkwy Ste 25 da street address)		
	Orlando (City)		, Florida_3281! (Zip Code)	<u>9</u>
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			the obligations of the	e position.
_	Signature of New	Registered Agent, if a	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)

Title Name Address **Type of Action** DIR BABA, AYHAM 4872 JAMAICA LN ☐ Add ☑ Remove KISSIMMEE, 34746 BABA, AYMAN DIR 4872 JAMAICA LN DIR BABA, SHAHIN 4872 JAMAICA LN ☐ Add ☑ Remove KISSIMMEE, 34746 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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)

The date of each amendmen	t(s) adoption: 10/21/09
Effective date <u>if applicable</u> :	10/21/09 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voling group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_11/1	8/09
Signature _	An Joleans
sel	y 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)
	Anwar Albaba
	(Typed or printed name of person signing)
	Director
	(Title of person signing)