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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Amend

JAN 24 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MIKHIAEL, INC		
DOCUMENT NUMB	ER:		
•	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	AYMAN BABA		
-	 	Name of Contact Person	1
1	MIKHAIEL, INC		
-		Firm/ Company	
4	636 W IRLO BRONSON M	IEMORIAL HWY	
_		Address	
I	CISSIMMEE, FL 34746		
_		City/ State and Zip Cod	e
MWI7	251@AOL.COM		
	•	sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
ANWAR ALBABA		at (<u>407</u>	758 3842
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$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)
Amer Divis P.O.	ng Address Indment Section It ion of Corporations Box 6327 Dassee FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MIKHAIEL, INC	
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P08000108596	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	ω . T
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	e address in Florida, enter the name of the
Name of New Registered Agent	
Name of New Registereu Agem	
(Flo	rida street address)
· ·	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: niliar with and accept the obligations of the position.
I noted, accept the appointment as registered agent. I am far	mina. This are accept the confamilia of the poemen.
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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	AYMAN BABA	2600 MONTEGO BAY BLVD
Add			KISSIMMEE, FL 34746
X Remove			USA
2) Change	P	ANWAR ALBABA	4872 JAMAICA LANE
X Add			KISSIMMEE, FL 34741
Remove			USA
3) Change			
Add			
Remove			,———
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
•	
f an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(July approved management)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	ANNA DAVI AND	
Effective date <u>if applicable</u> :	ANUARY 1, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	,"	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
JANUA	RY 9, 2017	
Dated Signature	A-Val 9	
(By sele	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other co- ointed fiduciary by that fiduciary)	
	AYMAN BABA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	