

P09000036005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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05/04/09--01069--005 \*\*35.00

FILED  
09 MAY -4 AM 10:46  
SECRETARY OF STATE  
FALL ANNUAL FILING

*Amend.*  
*05/12/09*  
*DC*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ROJA 1 INC

**DOCUMENT NUMBER:** P09000036005

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

Name of Contact Person

CAPE COD MGMT SVC INC

Firm/ Company

314 NE 27TH STREET

Address

WILTON MANORS FL 33334-2020

City/ State and Zip Code

APRILPEACH1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL PEACH CONDRON

Name of Contact Person

at ( 954 ) 630-8300

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

ROJA 1 INC

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

P09000036005

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of 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>  | <u>Address</u>         | <u>Type of Action</u>                   |
|--------------|--------------|------------------------|---|
| _____        | _____        | _____                  | <input type="checkbox"/> Add            |
|              |              | _____                  | <input type="checkbox"/> Remove         |
|              |              | _____                  |   |
| PTD          | MONIRA ISLAM | 17101 NW 27 AVE        | <input checked="" type="checkbox"/> Add |
|              |              | _____                  | <input type="checkbox"/> Remove         |
|              |              | MIAMI GARDENS FL 33056 |   |
| _____        | _____        | _____                  | <input type="checkbox"/> Add            |
|              |              | _____                  | <input type="checkbox"/> Remove         |
|              |              | _____                  |   |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: \_\_\_\_\_

4/30/09

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption 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.

Dated 4/30/2009

Signature

Abir Khan

(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)

ABIR KHAN

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)