P0900045375

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OKEECHOBEE C	CITY MARATHON INC	
DOCUMENT NUMB	P000000.15375		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
	MOHAMMAD SATTAR		
-		Name of Contact Person	n
1	OKEECHOBEE CITY MAR	RATHON INC	
-	<u> </u>	Firm/ Company	
	120 S PARROTT AVE		
-		Address	
ı	OKEECHOBEE, FL-34974		
-		City/ State and Zip Cod	e
ckabir	7@gmail.com		
	- ·	sed for future annual report	notification)
	·	•	,
For further information	concerning this matter, pleas	se call:	
CHOWDHURY KAB	R	ai (561	202-6620
Name o	f Contact Person		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.	ing Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 OCT 10 PM 1:51

OKEECHOBEE CITY MARATHON INC

A SECRETARY OF LITTEE TAPLATA SOLE FEORIDA

(Name of Corporation as currently	filed with the Florida Dept. of State)
P09000045375	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation ".	To". 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: (Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida
	City) (Zip Code)
Naw Designary Agent's Signature if shanging Designary Agent.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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	Y	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	S,D	MOHAMMED M SALAM	1815 LAKE AVE
Add			WEST PALM BEACH
X Remove			FL-33401
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	nge(s) here:			
					
· · · · · · · · · · · · · · · · · · ·					
					<u>-</u>
					
	<u>-</u>				
If an amendment provides for an excl provisions for implementing the ame	hange, reclassifi	cation, or canc	cellation of issue	ed shares,	
(if not applicable, indicate N/A)	<u>enume</u> nt it not e	ontained in the	e amenament its	seit:	
					<u> </u>
				 	
					

	10/04/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/04/20 Dated	17	
Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	MOHAMMAD SATTAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	