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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ORLANDO BLACK CAR INC		
DOCUMENT NUMBER:		P09000055976	·	
The enclosed Articles	s of Amendment; and fee a	are submitted for filing.		
Please return all corre	espondence concerning th	is matter to the following:		
**************************************		HAWON MUSTAFA		
	^	Name of Contact Person		
	ORLA	NDO BLACK CAR INC		
		Firm/ Company		
,	231	8 SAINT CROIX ST		
		Address .		
, , 		SSIMMEE, FL 34741		
		City/ State and Zip Code		
	reservation(E-mail address: (to be use	@orlandoblackcar.net ad for future annual report notification)		
For further information	on concerning this matter,	please call:		
SHAV	VON MUSTAFA	at (407) 3	01-6666	
Name of	Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check f	or the following amount n	nade payable to the Florida Depar	tment 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		Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circ	ie	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation



ORLANDO BLACK CAR INC

(Name of Corporation as c	urrently filed with the	e Florida Dont, of	Stat 2009 Alic	_
(Name of Corporation as c	1000000055070	ie riorida izept. Gr	ore-	PH 4: 23
	09000055976		TALL AUARRY	OF STATE
(Document)	Number of Corporation	n (11 Known)	SECRETARY TALLAHASSEI	E.FLORIOA
resuant to the provisions of section 607. nendment(s) to its Articles of Incorporation		s, this <i>Florida Pro</i> j		
If amending name, enter the new nam	ne of the corporation	<u>:</u>		
				The_new
ome must be distinguishable and conta obreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," ' Enter new principal office address, if	the designation "Co professional associat	rp," "Inc," or "Co	". A professional	
rincipal office address MUST BE A STF		IN/A		
-	,			
		 		
Enter new mailing address, if applica		N1/A		
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	N/A		
	_		,,,,,,,	_
. If amending the registered agent and/	or registered office a	ddress in Florida.	enter the name of	the
new registered agent and/or the new i				
Name of New Registered Agent:	N/A		···-	
	N/A			
New Registered Office Address:		la street address)		
		,		
	N/A (Citv)		, Florida (Zip Code)	
	(C.uy)		(Zip Code)	
ew Registered Agent's Signature, if cha				
nereby accept the appointment as register	ed agent. I am famili	ar with and accept .	the obligations of t	he position.
	NIA			
	N/A Signature of New I	Danistavad James if	chanaina .	

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
<u>D</u>	SHAHANA UDDIN	2043 CLAPPER TRL APOPKA, FL 32703	
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
provisi	mendment provides for an exchangons for implementing the amendment applicable, indicate N/A)		
N/A			

The date of each amendment(s)) adoption: <u>07/29/2009</u>
Effective date if applicable: 0	7/29/2009 (date of adoption is required)
	no more than 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 number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. <i>The following statement for each voting group entitled to vote separately on the amendment(s):</i>
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	,,,,
(ir	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_07/29/	2009 Lacustusta
selecto	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	SHAWON MUSTAFA
-	(Typed or printed name of person signing)
	SECRETARY
-	(Title of person signing)