## P1000012459

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>= #</del> )
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	SABERA E BER: P1000001265	NTERPRISE IN 9	C	
	of Amendment and fee are sul			
Please return all corres	spondence concerning this mat	ter to the following:		
	Samadur Rahma	n		
		Name of Contact Person	1	
	SABERA ENTER			
		Firm/ Company		
1814 W DONEGAN AVE				
		Address		
	KISSIMMEE, FL	34741		
		City/ State and Zip Code	e	
	I 11700 O			
pakmail798@yahoo.com				
	E-mail address: (to be us	ed for future annual report	notification)	
Paragraphic trips of				
For further informatio	n concerning this matter, pleas	e call:		
SAMABUR RAHMAN. at (407) 709-3723				
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Enclosed is a check to	or the following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fec	□\$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		Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Clifton Building		<u> </u>		
Tall	lahassee, FL 32314	2661 F	vecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## SABERA ENTERPRISE INC

(Name of Corporation as	currently filed with the Flo	rida Dept. of State		•
P10000012659				
(Document	Number of Corporation (if k	inown)		<del>-</del>
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	orida Profit Corpor	ation adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp." "Inc," or "Co	o". A professional		
, .		N/A		
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>				-
				-
				·-
C. Enter new mailing address, if applie		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				_
				<del></del>
				_
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter	the name of the	
new registered agent and/or the new		33 III I IOI KAIL CHICE	the lighte of the	
Name of New Registered Agent	Samadur Rahma	n		
	1814 W DONEG	AN AVE	<del></del>	
	(Florida stree	•		
New Registered Office Address:	Kissimmee		Florida 34741 (Zip Code)	
	(City)		(Zip Code)	-
New Registered Agent's Signature, if cl	hanging Registered Agent:			
I hereby accept the appointment as regist		ith and accept the ol	oligations of the position.	
Sar	madis Rahman			
Sig	gnature of New Registered Ap	gent, if changing		

Page 1 of 4

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.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	Р	SABERA S RAHMAN	1814 W DONEGAN AVE
Add  ✓ Remove			KISSIMMEE FL 34741
2) Change	Р	Samadur Rahman	1814 W DONEGAN AVE
Add Remove			KISSIMMEE FL 34741
3) Change	••		
Remove 4) Change			
Add Remove			
5) Change			
Remove			
6) Change			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
4	
-	
	A STATE OF THE STA
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	endment is not contained in the uniterament recent
(if not applicable, indicate N/A)	

The date of each amendment date this document was signed.	• • • • • • • • • • • • • • • • • • • •	_, if other than the
Effective date if applicable:	10/27/2014	
in appreciate.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Octo	ober 27th, 2014	
Signature	Samadis Rahman.	_
se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Samadur Rahman	
	(Typed or printed name of person signing)	_
	President	_
	(Title of person signing)	