

P10000025417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

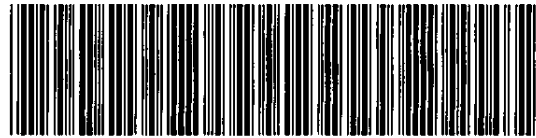
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 APR 22 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2010

ZEBA IQBAL
TAJ LIMITED GROUP INC
10250 SW 66 ST
MIAMI, FL 33173

SUBJECT: TAJ LIMITED GROUP INC
Ref. Number: P10000025417

We have received your document for TAJ LIMITED GROUP INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

Please show titles such as: P, VP, S, T, & D. OFF is not a title.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00007882

RECEIVED
APR 22 AM 8:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
• Division of Corporations

NAME OF CORPORATION: TAJ LIMITED GROUP INC

DOCUMENT NUMBER: P10000025417

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

Please return all correspondence concerning this matter to the following:

ZEBA IQBAL

Name of Contact Person

TAJ LIMITED GROUP INC

Firm/ Company

10250 SW 66 ST

Address

MIAMI, FL 33173

City/ State and Zip Code

SALEEM@KARIMS.COM

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

For further information concerning this matter, please call:

ZEBA IQBAL

Name of Contact Person

at (305)

595 0935

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

FILED

10 APR 22 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAJ LIMITED GROUP INC

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

P10000025417

(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**)

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>
VP	TAHIR IQBAL	10250 SW 66 ST MIAMI, FL 33173	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	OMAR IQBAL	10250 SW 66 ST MIAMI, FL 33173	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	NABEEL IQBAL	10250 SW 66 ST MIAMI, FL 33173	<input checked="" 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)

UPDATE Employer Identification Number: 27-2180557

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)

PLEASE DEVIDE THE EXISTING 1,000 SHARES AS FOLLOWS

500 SHARES TO ZEBA IQBAL (P)

500 SHARES TO TAHIR IQBAL (VP)

The date of each amendment(s) adoption: MARCH 24, 2010
(date of adoption is required)

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 MARCH 24, 2010

Signature Zeba Iqbal
(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)

ZEBA IQBAL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)