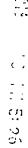
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SAJID ENTERP	RISES, INC			
DOCUMENT NUMBER:	P10000054735				
The enclosed Articles of Amenda	nent and fee are st	ubmitted for fil	ing.		
Please return all correspondence	concerning this ma	itter to the follo	wing:		
ANTONI	O GONZALEZ				
		Name of C	ontact Persoi	1	
GONZAI	.EZ & ASSOCIAT	ΓES III PA			
		Firm/ G	Company		
1820 N C	ORPORATE LAI		• •		
		Ad	dress		
WESTO?	N. FL 33326				
		City/ State	and Zip Cod	e	
AGONZA	ALEZ@AMEFINA	ANCIALGROU	JP.COM		
E-ma	il address: (to be u	sed for future a	nnual report	notification)	
For further information concerning	g this matter, pleas	se call:			
ANTONIO GONZALEZ		at (954	773-7286	
Name of Contact	Person	at t		de & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made	payable to the	Florida Depa	uriment of State:	
_		_	·		
-	.75 Filing Fee & tificate of Status	S43.75 Fi Certified ((Additional enclosed)	Copy Leopy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addre				Address	
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.O. Box 6327	porations			Building	
Tallahassee, Fl.	. 32314			xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SAJID ENTERPRISES, INC

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
	P100000	054735	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
B. Enter new principal office address,		N/A	
(Principal office address MUST BE A STREET ADDRESS)			2.0 (*)
			us .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12670 SW 20th STREET	
		DAVIE. FL 33325	: .
			
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	GONZALEZ & ASSOC	ATES III PA	
	1820 N CORPORATE L	AKES STE 204	
	(Florida s	treet address)	
New Registered Office Address:	WESTON	Florida	33326
		(City)	(Zīp Code)
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the po	sition.
A	- Hy		
	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)

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 Doc	
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) X Change	PT	ZUBAIR SAЯD	12670 SW 20th STREET
Add			DAVIE, FL 33325
Remove			
2) X Change	VP	SAADIA SAJID	12670 SW 20th STREET
Add			DAVIE, FL 33325
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
√/A	
	
	.
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у пот арупсион, такие пом)	
	· · · · · · · · · · · · · · · · · · ·
!/A	
	<u> </u>

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follomust be separately provided for each voting group entitled to vote separately on the amendation.	
"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 an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	areholder
Dated /////9	
Signature (By a director, president or other officer – if directors or officers ha	
selected, by an incorporator — it in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	
ZUBAIR SAJID	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	