# P10000066663

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO                                                                                  | RATION: FAHIR DEEN CO                       | RPORATION                                                                                               |                                                                                        |  |  |
|------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUM                                                                                   | 10000060663                                 |                                                                                                         |                                                                                        |  |  |
| The enclosed Articles                                                                          | of Amendment and fee are su                 | bmitted for filing.                                                                                     |                                                                                        |  |  |
| Please return all corre                                                                        | espondence concerning this mat              | tter to the following:                                                                                  |                                                                                        |  |  |
|                                                                                                | FAHIR DEEN                                  |                                                                                                         |                                                                                        |  |  |
|                                                                                                | Name of Contact Person                      |                                                                                                         |                                                                                        |  |  |
|                                                                                                | FAHIR DEEN CORPORATION                      |                                                                                                         |                                                                                        |  |  |
|                                                                                                |                                             | Firm/ Company                                                                                           |                                                                                        |  |  |
|                                                                                                | 6549 REDWOOD OAKS DR                        |                                                                                                         |                                                                                        |  |  |
|                                                                                                | Address                                     |                                                                                                         |                                                                                        |  |  |
|                                                                                                | ORLANDO FL, 32818                           |                                                                                                         |                                                                                        |  |  |
|                                                                                                |                                             | City/ State and Zip Cod                                                                                 | e                                                                                      |  |  |
| FI.O                                                                                           | RIDACORPORATION@LIVI                        | E.COM                                                                                                   |                                                                                        |  |  |
| -                                                                                              | •                                           | ed for future annual report                                                                             | notification)                                                                          |  |  |
| For further informatic                                                                         | on concerning this matter, pleas            | e call:                                                                                                 |                                                                                        |  |  |
| FAHIR DEEN                                                                                     |                                             | at (407                                                                                                 | 350-7247                                                                               |  |  |
| Name of Contact Person                                                                         |                                             | at (407 ) 350-7247  Area Code & Daytime Telephone Number                                                |                                                                                        |  |  |
| Enclosed is a check f                                                                          | or the following amount made p              | 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) |  |  |
| 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

## FAHIR DEEN CORPORATION

| (Name of C                                                                                                                             | orporation as currently     | filed with the Florida Dept        | t. of State)                 |           |               |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------------|-----------|---------------|
| 10000060663                                                                                                                            |                             |                                    |                              |           |               |
|                                                                                                                                        | (Document Number of C       | Corporation (if known)             |                              |           |               |
| Pursuant to the provisions of section 607.100 its Articles of Incorporation:                                                           | 6, Florida Statutes, this F | lorida Profit Corporation ac       | lopts the followi            | ng ameno  | dment(s)      |
| A. If amending name, enter the new name                                                                                                | of the corporation:         |                                    |                              |           |               |
| N/A                                                                                                                                    |                             |                                    |                              | m         |               |
| name must be distinguishable and contain<br>"Corp.," "Inc.," or Co.," or the designatio<br>word "chartered," "professional association | on "Corp," "Inc," or "C     | o". A professional corpora         |                              | ahbreviai |               |
| B. Enter new principal office address, if a                                                                                            | nolicable:                  | N/A                                |                              |           |               |
| (Principal office address <u>MUST BE A STRE</u>                                                                                        |                             |                                    |                              |           | _             |
|                                                                                                                                        |                             |                                    |                              |           | _             |
|                                                                                                                                        |                             |                                    |                              |           | _             |
| C. Enter new mailing address, if applicab<br>(Mailing address MAY BE A POST OF)                                                        |                             | N/A                                |                              |           | _             |
|                                                                                                                                        |                             |                                    |                              |           |               |
|                                                                                                                                        |                             |                                    |                              |           | <del></del> - |
|                                                                                                                                        |                             |                                    |                              |           | _             |
| D. If amending the registered agent and/onew registered agent and/or the new re                                                        |                             | ss in Florida, enter the nan       | ne of the                    |           |               |
| Name of New Registered Agent N/                                                                                                        | A                           |                                    |                              |           |               |
| Thing of the regularies right                                                                                                          |                             |                                    |                              |           |               |
|                                                                                                                                        | (Florida stree              | t address)                         |                              | _         |               |
| New Registered Office Address:                                                                                                         |                             |                                    | m. da.                       |           |               |
| New Registerea Office Address:                                                                                                         |                             | lity)                              | , Florida<br>(Zip            | (Code)    | _             |
|                                                                                                                                        |                             |                                    | ÷                            | ٠         |               |
|                                                                                                                                        |                             |                                    | A.M.                         |           |               |
| New Registered Agent's Signature, if chang<br>I hereby accept the appointment as registered                                            | ging Registered Agent:      | the and commentation white-actions | <u>≯</u>                     | AUG       | П             |
| i nereny accept the appointment as registered                                                                                          | i ageni i am jamiliar wi    | in ana accept me omigation.        | s oj ine posițion.<br>ຜົ້າ ເ | <b>%</b>  | *****         |
|                                                                                                                                        |                             |                                    | S Miles                      | 55        | 1-2-1         |
|                                                                                                                                        |                             |                                    |                              | ַ ס       | LED           |
|                                                                                                                                        | Signature of New Reg        | gistered Agent, if changing        | 0.8                          | اروا<br>ا | U             |
|                                                                                                                                        |                             |                                    |                              |           |               |

# 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:<br>X Change          | <u>PT</u>   | John Doe      |                      |
|-------------------------------|-------------|---------------|----------------------|
| X Remove                      | <u>V</u>    | Mike Jones    |                      |
| X Add                         | <u>sv</u>   | Sally Smith   |                      |
| Type of Action<br>(Check One) | Title       | <u>Name</u>   | <u>Addres</u> s      |
| 1) Change                     | <u>V</u>    | FARZANA JUMAN | 6549 REDWOOD OAKS DR |
| Add                           |             |               | ORLANDO FL. 32818    |
| X Remove                      |             |               |                      |
| 2) Change                     | MGR         | NASHUR DEEN   | 6549 REDWOOD OAKS DR |
| Add                           |             |               | ORLANDO FL, 32818    |
| X Remove                      |             |               |                      |
| 3) Change                     |             |               |                      |
| Add                           |             |               |                      |
| Remove                        |             |               |                      |
| 4) Change                     |             | _             |                      |
| Add                           |             |               |                      |
| Remove                        |             |               | - 200-51-1           |
| 5) Change                     |             | _             |                      |
| Add                           |             |               |                      |
| Remove                        |             |               |                      |
|                               |             |               |                      |
| 6) Change                     | <del></del> | _             |                      |
| Add                           |             |               |                      |
| Remove                        |             |               |                      |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |   |
|-----------------------------------------------------------------------------------------------------------------------------|---|
| N/A                                                                                                                         |   |
| N/A                                                                                                                         |   |
|                                                                                                                             |   |
| ~ <del>~~</del>                                                                                                             |   |
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|                                                                                                                             |   |
| 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)      |   |
| N/A                                                                                                                         |   |
|                                                                                                                             | - |
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| JULY 28, 2017                                                                                                                                                                    |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| The date of each amendment(s) adoption:                                                                                                                                          | , if other than the                           |
| date this document was signed.                                                                                                                                                   |                                               |
| JULY 28, 2017  Effective date if applicable:                                                                                                                                     |                                               |
| (no more than 90 days after amendment for                                                                                                                                        | ile date)                                     |
| Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.                      | irements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                             |                                               |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.                                      | the amendment(s)                              |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The f<br>must be separately provided for each voting group entitled to vote separately on the am |                                               |
| "The number of votes east for the amendment(s) was/were sufficient for approval                                                                                                  |                                               |
| by N/A                                                                                                                                                                           |                                               |
| by N/A (voting group)                                                                                                                                                            |                                               |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.                                                                | on and shareholder                            |
| ■ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.                                                                  | d shareholder                                 |
| JULY 28, 2017                                                                                                                                                                    |                                               |
| Dated                                                                                                                                                                            |                                               |
| This DO                                                                                                                                                                          |                                               |
| Signature North () Color (By a director, president or other officer – if directors or officer                                                                                    | es have not hear                              |
| selected, by an incorporator – if in the hands of a receiver, trus                                                                                                               |                                               |
| appointed fiduciary by that fiduciary)                                                                                                                                           | tee, or other court                           |
| Fahir Deen                                                                                                                                                                       |                                               |
| (Typed or printed name of person signing)                                                                                                                                        |                                               |
| owner                                                                                                                                                                            |                                               |
| (Title of person signing)                                                                                                                                                        |                                               |