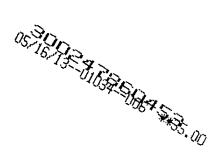
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MAY IS AMI

MAY 20 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HUMA EDUCUMENT NUMBER: P10000099		S INC
The enclosed Articles of Amendment and fee are so	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ZARIN ASHFA	\Q	
	Name of Contact Person	n .
5720 CHARLE	Firm/ Company	ET
HOLLYWOOD	Address), FL 33021	
E-mail address: (to be u	sed for future annual report	notification)
ZARIN ASHFAQ	at (954	447-3993
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Amend	Address ment Section on of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

MAY 16 AM 11:39

(Name of Corporation as currently filed with the Florida De FAI

ent(s) to

(Document Number of Corporation ((if known)	•		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corpor	ation adopts th	e following	amendinç
A. If amending name, enter the new name of the corporation:			•	,
				The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association." or the abbreviation	"Co". A professional			
B. Enter new principal office address, if applicable:	N/A	·	, 	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
(Mulling dudiess MAT DE AT OST OFFICE DON)				•
•				
D. If amending the registered agent and/or registered office add	dress in Florida, enter	the name of tl	ıe	
new registered agent and/or the new registered office address			_	
Name of New Registered Agent N/A				
				
(Florida s	treet address)	·		
Name Provintered Office Address	•	Elogida		,
New Registered Office Address: (City		Florida (Zi	p Code)	•
	•			
		•		
New Registered Agent's Signature, if changing Registered Agen		e a ca	••	•
I hereby accept the appointment as registered agent. I am familian	wiin ana accept the ob.	ngations of the	роѕшоп.	
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.

X Change	<u>PT</u> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
_ <u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	•
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MOHAMMAD ISHFAQ	3901 STIRLING ROAD
Add			FORT LAUDERDALE, FL 33312
X Remove			
			· `.
2) Change			,
Add			
Remove			·
3) Change			
Add			
Remove			-
4) Change		, , , , , , , , , , , , , , , , , , ,	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) AMENDING ARTICLES TO REMOVE MOHAMMAD ISHFAQ FROM
THE CORPORATION. ZARIN ASHFAQ WILL REMAIN AS
PRESIDENT/SECRETARY. ZARIN ASHFAQ IS 100% SHAREHOLDER.
,
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
•
·

The date of each amendment(s) a	doution: 5/14/2013
Effective date <u>if applicable</u> : 5/	14/2013
entective date <u>it appreame</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action and shareholder
_{Dated} 5/14/2	2013
(By a c	lirector, president of other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	ZARIN ASHFAQ
•	(Typed or printed name of person signing)
·	PRESIDENT/SECRETARY

(Title of person signing)