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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Haddin Business Group Inc.
DOCUMENT NUMBER: PIOOOOG 4227
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Uchammednajb Alkaraki Name of Contact Person
Aladdin Business Group Inc
Firm/Company Firm/Company Address
HISSIMMED FL 34746 City/ State and Zip Code
nail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mohammedney b Alkarah 813, 5063539. Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Aladdin Business G	T guon	~ C .
(Name of Corporation as currently filed with the	ne Florida Dept. of State	<u> </u>
PILOGOO	00427	
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>	TI
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviation	or "Co". A professional	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3947 1 Hissim	Vineland Rd
		34746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/1-1	Paradise Cay Cir
	6012210	19746
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		the name of the
Name of New Registered Agent		
(Floria	la street address)	
New Registered Office Address:		, Florida
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent Jun family Signature of New Register	iar with and accept the ob	bligations of the position.
	ge 1 of 4	FILED ANISATINGS ANISA
		CILED

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>	<u>John Doe</u>			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	1	<u>Addres</u> s	,
1) Change	V	Jasem	Masuado	1936	Sorah
Add				Course	<u>01.</u> 33510.
Remove				Brandon Fl	
2) Change					, ————
Add					··
Remove					
3) Change					
Add					
Remove					· ········
4) Change				4.	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<u></u>				
Add					
Remove					

(Attach additional sheets, if necessary).	(Be specific)
T	1 10 11 11 11 11
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable indicate M/A)	
	nolonger a share holde
12 M 35 M	11010420 0 21126 morde
Q 11 0 C - 252	he resigned.
1 there is a	10 18 19 100.
•	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 7 - 1 - 13.	
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 7-22.13.	
Dated	
Signature	
(By a director president or other officer - if directors or officers have not been	_
solicited, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	K.
(Typed or printed name of person signing)	_
Président.	
(Title of person signing)	