911000169254

(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone	e #)
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SECRETARY OF STATE

AMBO

COVER LETTER

TO: Amendment Section Division of Corporations

NAM	E OF	CORPO	ORATION:	FTM	Hon	ies inc	 	
DOC	JMEN	IT NUN	ивек:	110	00 0	69254		
The er	nclosed	l Article	es of Amendmen	and fee	are su	bmitted for filing.		
Please	returr	all con	respondence con	cerning t	his ma	tter to the following:		
		_	RAJA	rb AL				
•					Name	of Contact Person		
	-		FTM	HONYS	SINC			
		, <u> </u>			Fir	m/ Company		
	100		15299	LAZUN	A 1-	tius or		
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			RUBYALI (@ (. .				
						future annual report notification)		
For fin	rther is	1format	ion concerning tl	his matte	r nlea	se call		
10114		IAB /	-	ms mane	i, pieu		.h	
	1211		f Contact Person			at (239) 989-203 Area Code & Daytime Telep		
Enclos	sed is a	ı check	for the following	g amount	made	payable to the Florida Departn	nent of State:	
151.\$ 35	Filing F	ee	\$43.75 Filing Certificate of			\$\ \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclose	d)
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						



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11 AUG 22 AM 8: 32

FLORIDA DEPARTMENT OF STATE RETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

August 11, 2011

RAJAB ALI FTM HOMES INC. 15299 LAGUNA HILLS DR. FORT MYERS, FL 33908

SUBJECT: FTM HOMES INC Ref. Number: P11000069254

We have received your document for FTM HOMES INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 311A00018852

Articles of Amendment to Articles of Incorporation of

TM H	omes inc.		
(Name of Corporation as curren	tly filed with the Florid	a Dept. of State)	
P11 000	069254		
(Document Numb	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fi	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name of t	he corporation: NIA		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the d name must contain the word "chartered," "profes. B. Enter new principal office address, if applied	lesignation "Corp," "Inc ssional association," or	e," or "Co". A profession	
(Principal office address MUST BE A STREET			
NIX			SEC ALL
			ARE AUG
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <i>BOX</i>)		FILED AUG 22 PH 1: 10 CRETARY OF STATE LANASSEE, FLORIO
NIK			FLO :
·			
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the name	of the NIA
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
		Florida	
	(City)	, Florida (Zip Code)	
Now Degistered Agent's Signature if shoughes	Docistoned Ament.		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		nd accept the obligations o	f the position.
	,		•
Sign	nature 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>	Type of Action
<u>P</u> _	RUBY ALT	15299 LAYUNA HIUS D FORT MYERS TO 33908	Add ☐ Remove
			Add Remove
			Add Remove
(attach a	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe	ecific)	
F. <u>If an a</u>	mendment provides for an exchange, r ons for implementing the amendment	eclassification, or cancellation of iss	ued shares, № 1/2
(if r	not applicable, indicate N/A)		
			······································

The date of each amendment	(s) adoption: 08/08/11'
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
The amendment(s) was/wer must be separately provided	re approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	08/08/11 Rajabali
Signature	Kafabali
(By	a director, president or other officer - if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	RMAB AU
	(Typed or printed name of person signing)
	SECRETARY (Title of person signing)
	(Title of person signing)