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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: AJ ACCOUNTING SERVICES, INC. Account Name

Account Number: 120110000092

: (305)448-9584

Phone Fax Number

: (305)448-9569

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## COR AMIND/RESTATE/CORRECT OR O/D RESIGN ABDED INVESTMENT GROUP CORP.

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

<u>-</u>"

NAME OF CORPORATION: ABD	D INVESTMENT GROUP CORP.
DOCUMENT NUMBER: P110001	
The enclosed Articles of Amendment and i	,
Please return all correspondence concerning	g this matter to the following:
MAGID AH	MED.
MAGIOAIII	Name of Contact Person
ABDED INV	ESTMENT GROUP CORP.
	Firm/ Company
2910 N 22N	D AVE
	Address
HOLLYWO	OD, FL 33020
	City/ State and Zip Code
E-mail address	(to be used for fluture annual report notification)
For further information concerning this ma	fter, please call:
MAGID AHMED	at (786 ) 458-2014
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	,
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

ABDED INVESTMENT GH	KOUP CORP.				
(Name of Corporation as cur	rrently filed with the Flor	ida Dept. of State)			
P11000104570					
(Document N	umber of Corporation (if ki	nown)		•	
Pursuant to the provisions of section 607.100 its Articles of incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation ado	pts the following	g amendment(\$)	to
A. If amending name, enter the new name	of the corporation:				
				_The new	
name must be distinguishable and contain "Corp" "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co	". A professional corporat	ated" or the al ion name must o	bbreviation contact the	•
B. Francisco and and if a	مالأممالية			<u> </u>	
B. Enter new principal office address, if a (Principal office address MUST BE A STR.				A A A	A
C. Enter new mailing address, if applicat			·	7 AM II: 2 RY OF STAT SEE, FLORI	PROVEB AND AND TILED
(Mailing address <u>MAY BE A POST OF</u>	<u>FICE BOX</u> )				
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address:	s in Florida, enter the nam	e of the		
Name of New Registered Agent					
	(Florida stree	address)			
New Registered Office Address:		, Florida			
	(City)		(Lip Code)		
New Registered Agent's Signature, if char I hereby accept the appointment as registered	nging Registered Agent: ed agent. I am fumiliar wi	th and accept the obligations	of the position.		
Stem	uture of New Registered Ag	ent, 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	PT John	Dos	
X Remove		<u>Jbnes</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	SD	MAGID AHMED	2910 N 22ND AVE
X Add			HOLLYWOOD, FL 33020
Remove			
2)Change			
Add			
Remove			<del></del>
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			_
Add			· · · · · · · · · · · · · · · · · · ·
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, postsions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	tach additional sheets, if necessary).	(Be specific)
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	rovisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	09/13/2013	_, if other than the
date this document was signed.		
Effective date if applicable:		<del></del>
•	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
action was not required.	the incorporators without shareholder action and shareholder	
Dated 09/13/20	113	
Signature		
(By a director,	president or other officer - if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court clary by that fiduciary)	
	AHMED MAGID	_
<del></del>	(Typed or printed name of person signing)	<del>_</del>
	PRESIDENT	
	(Title of person signing)	