# P1200016368

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#### COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A.B.L. IMPEX INC. DOCUMENT NUMBER: P12000016368 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MOHAMMED, KHALID Name of Contact Person A.B.L. IMPEX INC. Firm/ Company 15757 Pines Blvd Ste # 253 Address Pembroke Pines, FL 33027 City/ State and Zip Code mkhalid2000@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (  $\frac{954}{\text{Area Code & Daytime Telephone Number}}$ MOHAMMED, KHALID Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation of

A.B.L. IMPEX INC.		_
	ly filed with the Florida Dept. of State)	_
P12000016368	er of Corporation (if known)	-
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporation</i> adopts the following	g amendment(s) to
A. If amending name, enter the new name of th	ne corporation:	
ABL IMPEX INC.		The new
name must be distinguishable and contain the "Corp" "Inc" or Co.," or the designation "C word "chartered," "professional association." or	word "corporation," "company," or "incorporated" or the a Torp," "Inc," or "Co". A professional corporation name must the abbreviation "P.A."	bbreviation
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		_
		_
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		<del>.</del>
•		<b>-</b>
		_
D. If amending the registered agent and/or reg new registered agent and/or the new register	istered office address in Florida, enter the name of the ered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	_
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the obligations of the position.	
Signature o	of New Registered Agent. if changing	
	7,0	~

## 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add XXX Remove	Р	MOHAMMED, KHALID	15757 PINES BLVD STE 253 Pembroke Pines, FL 33027
2) Change Add Remove	Р	MOHAMMAD ABEDIN	15757 PINES BLVD STE 253 Pembroke Pines, FL 33027
3) Change Add Remove	OFFICER	MOHAMMED, KHALID	15757 PINES BLVD STE 253 Pembroke Pines, FL 33027
4) Change Add Remove	***************************************		
5) Change Add Remove			
6) Change Add Remove			

	ndding additional Articles, and I sheets, if necessary). (Be		<u>k</u> .
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provisions for	nt provides for an exchange implementing the amendme icable, indicate N/A)	, reclassification, or ent if not contained	cancellation of issued shares, in the amendment itself:
		OHAMMED	, KHALID to New Preside
MOHAMMA	D ABEDIN.		
	APP		
<del> </del>			

The date of each amendment(s) adoption: 5/22/12
Effective date if applicable: 5722/12  (no more than 90 days after amendment file date)
(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
☐ 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
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Mohanmeel Khalief (Typed or printed name of person signing)
(Typed or printed name of person signing)
<u> </u>
(Title of person signing)