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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CODIO	oration: 4227 SPEE	EDY FOOD, INC		200
DOCUMENT NUM	P1200007963	33		FLORIDA
	s of Amendment and fee are su			7
Please return all corn	espondence concerning this ma	itter to the following:		
	TIM A. HAMED			
	TIM A. HAMED,	Name of Contact Person	n	
		Firm/ Company		
	15310 AMBERL	7 DR., STE 250		
		Address		
	TAMPA, FL 3364	17		
		City/ State and Zip Cod	e	
tim	nhamed@yahoo.co	om		
	_ -	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Tim A. Ham	ed, CPA	at (813	, 514-2905	
Name	of Contact Person		de & Daytime Telephone Nur	nber
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	nendment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

4227 SPEEDY FOOD, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P12000079633				是
(Docume	nt Number of Corporati	on (if known)	·	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes.	this Florida Profit Cor	<i>poration</i> ado	pts the following amend
A. If amending name, enter the new n	ame of the corporation	<u>1:</u>		
N/A				The .
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	nation "Corp," "Inc,"	or "Co". A profession	or "incorpora nal corporati	nted" or the abbrevia
B. Enter new principal office address,	if annlicable	N/A		
Principal office address <u>MUST BE A S</u>				
				
C. Enter new mailing address, if appl	icable:	N/A		
(Mailing address MAY BE A POST		IN/A		
			<u> </u>	.
 If amending the registered agent ar new registered agent and/or the new 			ter the name	<u>of the</u>
	N/A			
Name of New Registered Agent	1477			
		la street address)		
New Registered Office Address:			Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered A	oont.		
hereby accept the appointment as regist			obligations o	of the position.
	anature of New Registe	rad launt if changing		

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.

	ne, ana sai	ny Sman, Sv as an Add.	58 a r
Example: X Change	<u>PT</u>	John Doc	AUG -7 CRETARI CAHASSI
X Remove	V	Mike Jones	111-
X Add	<u>sv</u>	Sally Smith	AM 10: L1 Address Address
Type of Action (Check One)	<u>Title</u>	Name	Address Address
1) Change	VP	MADHAT MASRI	4227 WILLIAM ROAD
Add			TAMPA, FL 33610
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	THE THE PROPERTY OF A PARTY OF A
N/A	
·- · · · · · · · · · · · · · · · · · ·	
	من المحادث
	T
	
	 <u>-</u>.
	
	
	
	
	
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	
	
	

	if other than the
date this document was signed.	
Effective date if applicable: JULY 31, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	Langua,
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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_JULY 31, 2014	
Signature X	
(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)	
AHMAD FAROUN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	