P12660886389

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	EL - GHALY GROUP, INC				
DOCUMENT NUMBER:	CUMENT NUMBER: P12000086389				
The enclosed Articles of Amendment an	d fee are submitted for filing.				
Please return all correspondence concern	ing this matter to the following:				
	ROBERT W. KIDD, CPA				
	Name of Contact Person				
SE	SEABREEZE BOOKKEEPING & TAX SERVICE, LLC				
	Firm/ Company				
682 S. YONGE ST.					
	Address				
	ORMOND BEACH, FL 32174				
	City/ State and Zip Code				
	STACY.SBTS@CFL.RR.COM				
E-mail addre	ss: (to be used for future annual report notification)				
For further information concerning this n	natter, please call:				
ROBERT W. KIDD, CPA	at (386 , 672 - 6999 ,				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following am	ount made payable to the Florida Department of State:				
\$35 Filing Fee					
Mailing Address Amendment Section Division of Corporatio 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

EL - GHALY G	GROUP, INC.	
(Name of Corporation as curren	itly filed with the Florida Dept. of S	itate)
P120000	086389	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporate "Corp," "Inc,," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	I" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		00
		<u> </u>
C. Enter new mailing address, if applicable:	N/A	3 P D
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office ad-		<u>the</u>
new registered agent and/or the new registered office addre	<u> </u>	
Name of New Registered Agent N/A	·····	
(Florida s	street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: N/A	. Flor	ida
New Registered Villee States.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager		*.*
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of th	ne position.
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.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	Р	NURADEEN MUHAMMAD	117 OAKWOOD DRIVE
Add			DAYTONA BEACH, FL 32117
X Remove			
2) Change	TS	JULIE ANN LYNCH	120 BOTEFUHR AVE
Add			DAYTONA BEACH, FL 32118
X Remove			
3) Change	VP	WALID SHAMMAS	550 RIDGEWOOD AVE
X Add			HOLLY HILL, FL 32117
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, er (Attach additional sheets, if necessary). (Be s	nter change(s) here: pecific)
N/A	
F. If an amendment provides for an exchange, i	reclassification, or cancellation of issued shares,
provisions for implementing the amendmen (if not applicable, indicate N/A)	t if not contained in the amendment itself;
N/A	

The late of the la	10/11/17	:6 -4h 4h 4h-
The date of each amendment(s) add date this document was signed.	орион:	, if other than the
Effective date <u>if applicable</u> :	10/11/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendmen ficient for approval.	t(s)
	oved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adoption was not required.	ated by the incorporators without shareholder action and shareholder	
Dated 10 1	11. 17	
Cimatura N	5-12	
Signatur <u>e</u> (By a dir	ector, 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 co	
appointe	d fiduciary by that fiduciary)	
	JOSEPH KMAID	
-	(Typed or printed name of person signing)	
	DIRECTOR	
_	(Title of person signing)	