## P12000099846

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SECRETARY OF STATE

Amend Ja 1/n/14

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: MSA General Trading Indocument Number: P12000099846	1
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AShraf M. JUNdi Name of Contact Person	
Name of Contact Person  MSA General Trading Inc.  Firm/Company	
2/54 MIChigan AVE WILTER	
Kissimmee, FL 34744	
City/ State and Zip Code	
Rebeccajundi @ Yahoo. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ashraf Jundi al 407, 497-1903	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Amendment Section Amendment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment

Articles of Incorporation of

MSA General Tr	ading Inc.
(Name of Corporation as currently filed with the F	orida Dept. of State)
(Document Number of Corporation (if	<u>6</u>
•	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	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 "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2754 Michigan Ave.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Unit#6
	Kissimmee, FL 34744
C. Enter new mailing address, if applicable:	2754 Michigan Ave.
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	•
	unit#6 Kissimmee, FL 34744
	17,55 mmee, FL 34-144
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	
Name of New Registered Agent AShraf	M. Jundi
2754 Mich	cet address)
New Registered Office Address: Kissim m	
New Registered Office Address: (City)	(Zip Code)
Non-Bertaland Assault Clause of Calendary	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Ble	<u>, , , , , , , , , , , , , , , , , , , </u>
Signature of New Registered A	gent, if changing
	ر بیت اسفت

## 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>	John Doe		
X Remove	Y	Mike Jones	Same	,
			Same	
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	1/A	Address
1) Change	<del></del>		// / / '	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del></del>	.,	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			· 1.7%	
Add				
Remove				

ach additional sheets, if necessa		·	
	NI	1	
		Total Control of the	
		***************************************	
ovisions for implementing the	<u>amendment if not containe</u>	or cancellation of issued shar ed in the amendment itself:	es,
(if not applicable, indicate N/	4)		
	A//A		
	/\/\/\/		
	****		
		· -	

The date of each amendment(s) adopti date this document was signed.	ion: 12/14/2015	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	,,	
c,	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
action was not required.	by the incorporators without shareholder action and shareholder	
Dated	/19/2013	
	aliling	
3.gu	or, president or other officer – if directors or officers have not been	<del></del>
	an incorporator – if in the hands of a receiver, trustee, or other court	
	iduciary by that fiduciary)	
4	Ashraf M. Jundi	
	(Typed or printed name of person signing)	<del></del>
0	VIP Dicachur	

(Title of person signing)