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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LNISAMARNETS IRASING CO	<u>></u>						
DOCUMENT NUMBER: P12000102818	_						
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
ROWAIDA CHERAIF Name of Contact Person TWIERMARKETS TRANS CO							
Pirm/ Company							
55/6 W. LINZBAUGH AVE							
TAMPA FL 33624 City/ State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
MAHMOUD JRAB at 727,657,904	8						
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)							
Mailing Address Amendment Section Amendment Section							

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

αf

LN/FRMHRUE13 (RAY)	Sind with the First Co.
	y filed with the Florida Dept. of State)
11200010281	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "c	company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5516 W. LINABAUGH AVE TAMPA FL 33624
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	:
Name of New Registered Agent NowA10	DA CHERAIF
5516 W, (Florida str	LINZBAUGY AVZ
New Registered Office Address: TAMPA	(City) . Florida 33624 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Rd	gistered Agent, if changing
Check if applicable	· · · · · · · · · · · · · · · · · · ·
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) ((e), F.S.

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)

Example:

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 John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	? SAEB JANNOUN	3005 HOESTRO
Add		IAMPA FL 33618
Remove	2 8	
2) Change	P KOWAIDA CHERAIF	- 55/6 WILLINGSAUG
_V_Add		
Remove Change		1AMBA FZ 33624
Add		
Remove		
4) Change		
Add		<u> </u>
Remove		
5) Change		46.7
Add		
Remove		
6) Change		
Add		
Remove		

If amanding or adding additional 4-4:	ialos unter chango(s) horo:
If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)
(received and many).	(De specific)
	· <u> </u>
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s) ad date this document was signed.	option: SEP		2020	, if other than the
Effective date <u>if applicable</u> :	SEP.7 (no more than 9	l Z 0 days afte	,020 rr amendment file da	ite)
Note: If the date inserted in this bl document's effective date on the Dep		cable statu	tory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adoraction was not required.	pted by the incorporators, or	board of di	rectors without shar	eholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		e number (of votes cast for the	amendment(s)
☐ The amendment(s) was/were appromust be separately provided for a				
"The number of votes cast I	or the amendment(s) was/we	re sufficie	nt for approval	
by	(voting group)		"	
selected appoints	rector, president or other office, by an incorporator – if in the defiduciary by that fiduciary (Typed or printed (Typed of person signature)	e hands of) name of pe	a receiver, trustee, o	