P1300030198

(Requ	estor's Name)			
(Address)				
(Addre	ess)	<u> </u>		
(City/s	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
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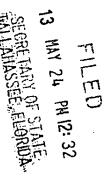
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MAY 28 2013



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BORAK CO	DRPORATION	
DOCUMENT NUMB	_{ER:} P1300003019	8	
	f Amendment and fee are su		
Please return all corresp	oondence concerning this ma	tter to the following:	
	MD KAMRUL HC	SSAIN	
-		Name of Contact Person	
-	· ·	Firm/ Company	
	1801 NE 140 ST	APT 306	
-		Address	
	N MIAMI FL 3318	31	
-		City/ State and Zip Code	
agia	aki@att.net		
	E-mail address: (to be us	sed for future annual report r	notification)
For further information	concerning this matter, pleas	se call:	
MD KAMRUL	HOSSAIN	786	290-9010
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depar	tment 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)
	ing Address	Street A	Address
	idment Section		ment Section
	ion of Corporations		n of Corporations
	Box 6327 hassee, FL 32314		Building recutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

13 MAY 24 PH 12: 32

BORAK CORPORATION

SECRETARY OF STATE DRIDA «

·	currently filed with the Fig	orida Dept. of State)	HALLAHASSEE, FLORIDA
P13000030198			
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	llorida Profit Corporation ado	ots the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cond "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporati	ited" or the abbreviation on name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6900 W 16 AVE	
		HIALEAH FL 330)14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6900 W 16 AVE	
		HIALEAH FL 330	114
			<u>.</u>
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address:	ess in Florida, enter the name	of the
Name of New Registered Agent	MD KAMRUL HO	DSSAIN	
	1801 NE 140 ST	APT 306	
· ·	(Florida stree	et address)	
New Registered Office Address:	N MIAMI	Florida 3	3181
	(Ciny)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and against the obligations	of the position
i nereby accept the appointment as regist		un ana accept the obligations of	y the position.

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Satly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	MOHAMMED SHAJAHAN	941 NE 170 ST APT 206
Add	**,		N MIAMI BEACH FL 33162
X Remove			
2) Change	TD	NASIR UDDIN	941 NE 170TH ST APT 206
Add			N MIAMI BEACH FL 33162
X Remove			
3) X Change	PV	MD KAMRUL HOSSAIN	1801 NE 140 ST APT 306
Add			N MIAMI FL 33181
Remove			
4) Change	TD	NAJMA KHATUN	941 NE 170TH ST APT 206
X Add			N MIAMI BEACH FL 33162
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding</u> (Attach <i>additional shee</i>	additional Artic	cles, enter chan	ge(s) here:		
N/A	is, y necessury).	(Be specific)			
IN/A					
		_			
_					
					
		,			
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		_			
					<u> </u>
					·
F. If an amendment pro provisions for imple	vides for an exch	ange, reclassifi	cation, or cance	llation of issued sl	nares,
(if not applicable	nenting the amer , indicate N/A)	nament ii not c	ontained in the	amenument <u>usen.</u>	
N/A					
					
		· · · · · · · · · · · · · · · · · · ·			
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