P 13000031926

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Ві | usiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



500272544945

05/05/15--01032--007 **35.00

2015 MAY -5 PM 1:50

AMUND 5/15/15

COVER LETTER

TO: Amendment Section

| Division of Corpor | rations | | | |
|---|---|--|--|--|
| | , | | 7 | |
| NAME OF CORPOR | ATION: Americ | in Saudry | brestment he. | |
| DOCUMENT NUMB | ER: <u>13</u> | 000031926 | > | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | | |
| Please return all corresp | oondence concerning this ma | tter to the following: | | |
| | 5. | SHARFI Name of Contact Perso | | |
| - | | Name of Contact Perso | n | |
| | Ac | counting Advant | tano | |
| - | W Ph: (561 | 925 S∷Military Fro# D. est Palm Beach, FL 33 i) 687-6466 Fx: /561\ | 4 415 887 6460 | |
| *** | general | @accountingadvantage | 9usa.com | |
| | | | | |
| _ | | City/ State and Zip Cod | e | |
| | 100000 | / · / + | 1/40 (| |
| | FRAZAO N-ecoun E-mail address: (to be us | sed for future annual report | notification) | |
| | | . | | |
| For further information | concerning this matter, pleas | se call. | | |
| , | | | | |
| 5 | SHARFI | at (56/ | de & Daytime Telephone Number | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depo | 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) | |
| | ng Address | | Address | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | | |
| | nassee, FL 32314 | 2661 E | executive Center Circle | |
| | | ranana | 19966, 1.17 25901 | |

Articles of Amendment

to

Articles of Incorporation of

| American Sacendr | 1 mres | toment, INC. | | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------|----------------------------|---|---------------------------------------|
| ^ | | iled with the Florida De | pt. of State) | |
| P 13 000031 | | | | |
| (Docum | ent Number of C | orporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this <i>Flo</i> | orida Profit Corporation | adopts the followi | ng amendment(s) to |
| A. If amending name, enter the new name of the co | rporation: | | | |
| | | | | _The new |
| name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the | " "Inc." or "Co | ". A professional corpo | | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | | <i>~ A '</i> | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u>X</u>) | N. A | | DIVISION OF CO |
| D. If amending the registered agent and/or register new registered agent and/or the new registered. | | s in Florida, enter the na | ame of the | 3: |
| Name of New Registered Agent | W.A. | | ···· ••• •• • • • • • • • • • • • • • • | |
| | (Florida street | | | _ |
| Non-Project Office Allient | (Fioriaa sireei | avaressy | P1/_4_ | |
| New Registered Office Address: | (Ci | ty) | , Florida <i>(Zip</i> | Code) |
| New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent. | l anı familiar with | , - | | |
| | <u>/\forall \cdot A</u> | stered Agent. if changing | | |
| Signa | ature of New Regi | stered 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.

| Example: X Change | <u>PT</u> <u>John</u> | Doc | | |
|----------------------------|-----------------------|--|--|--|
| X Remove | V Mike Jones | | | |
| X Add | SV Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | DIR | Mohamonee J. ALAM | 6826 Willow Greek Ru | |
| X Add | | | Lake worth, | |
| Remove | | | FL 33462 | |
| 2) Change | DIR | AFROJA KHANAM | 6826 Willow Creek Run | |
| X Add | | | Lake Worth | |
| Remove | | | FL 33463 | |
| 3)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | was the same of th | various translation of a field to be a second or a | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| | | NA | | |
|---|-----------------------|---------------------------------------|---------------------|---------------------------------------|
| | | 7.3.1 | | |
| | | | | |
| | | | | |
| | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | ······ | |
| | | | | |
| | M-s | | | |
| | | | | |
| | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| an amendment provides for a rovisions for implementing th | n exchange, reclassit | lication, or cancellation | 1 of issued shares, | |
| rovisions for implementing th | e amendment if not | contained in the amend | lment itself: | |
| (if not applicable, indicate N | /A } | | | |
| | | N.A. | ····· | |
| | | | | |
| 12.21. 22. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| The date of each amendment(s) adoption | 1: 4-28-2015 | , if other than the |
|---|--|--------------------------------|
| date this document was signed. | _ | |
| Effective date if applicable: | 4-28-2015 | |
| Infective direction in hyppicalore | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block do document's effective date on the Departme | nes not meet the applicable statutory filing requirements, this nt of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient | y the shareholders. The number of votes east for the amendmer for approval. | nt(s) |
| | by the shareholders through voting groups. The following state of our group entitled to vote separately on the amendment(s): | ment |
| | amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were adopted by action was not required | y the board of directors without shareholder action and shareholder | lder |
| The amendment(s) was/were adopted by action was not required. | y the incorporators without shareholder action and shareholder | |
| Dated 4- | 29-15 | |
| Signature | Anunal Kheu- president or other officer – if directors or officers have not bee | · |
| (By a director, | president or other officer - if directors or officers have not bee | n |
| | i incorporator – if in the hands of a receiver, trustee, or other co- ciary by that fiduciary) | ourt |
| | ANNARUL KHAN | |
| - | (Typed or printed name of person signing) | |
| | (Title of person signing) | |
| | (Title of person signing) | |