P13000037498

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05/08/14--01025--017 **43.75

C. LEWIS MAY 1 9 2014 EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	N., INC	
DOCUMENT NUMBER: P13000	0037498	
The enclosed Articles of Amendment and fee are so	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
	Name of Contact Person Pointe Café Firm/ Company Rocky Point DV #175 Address FL 33667 City/ State and Zip Code 950 @ Verizon . Net used for future annual feport notification)	
For further information concerning this matter, plea	ase call:	
Mary Derakhshan Name of Contact Person	at (8/3) 287-96/6 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:	
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

APPRUVEL AND FILED

Articles of Amendment

Articles of Incorporation

14 MAY -8 PH 2: 07

new

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I. I. No INC	SECRLIARY UP STATE TALE AMASSEE, LORIDA
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000037498	
(Document Number of Corporation (if known)	

endment(s) to

(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida I</i>	Profit Corporation adopts the fo	ollowing amendme
A. If amending name, enter the new name of the	corporation:		
	a // a		Tha naw
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A	npany," or "incorporated" or professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applica	ble:	N/A	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>)	<u></u>		
		\perp	
	 ,	₩.	
D. If amending the registered agent and/or regis		lorida, enter the name of the	
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent	N/A		
	1		
	(Florida street addre	ss)	
	de		
New Registered Office Address:	(City)	, Florida(Zip Co	ode)
	(3.3)	(2)	, ,,
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registered agen		accept the obligations of the po	sition.
	NA		
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.

Example: X.Change	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> P</u>	DAVID DERAKHSHAN	16831 IVY LAKEDR Odessa, FL 33556
2) Change	<u>P</u>	FRED DERAKHSHAN	16831 IVY LAKE OR Odessa, FL 33556
Remove 3) Change Add Remove	N/A	N/A	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			
Remove			

mending or adding additional Ar ach additional sheets, if necessary).	(Be specific)			
				
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•				
n amendment provides for an exc	hanga raalassifiaatik	or concelled	ion of issued sl	10 700
ovisions for implementing the am (if not applicable, indicate N/A)	endment if not conta	ined in the am	endment itself:	141 65
	1 /		<u> </u>	
	N/			
	-/A-			
/	1 / 1			
	161			



The date of each amendment(s) adoption: _	01/01/2019 14 MAY -8 PM 2:07	, if other than the
date this document was signed.	error in a think of a land	
Effective date if applicable:	SECRLIARY OF STATE STATE SECRETARY OF STATE	
	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
(ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 05/05/2	014	
Signature	1 1 1 1	
(By a director, pre	sident or other officer - if directors or officers have not been	•
	corporator – if in the hands of a receiver, trustee, or other court	
appointed fiducial	ry by that fiduciary)	
MA	HVASH DERAKHSHAM (Typed or printed name of person signing)	-
	(Typed or printed name of person signing)	
	SIT	<u>-</u>
	(Title of person signing)	