# P130000 71597

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<del>#</del> )
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: MHAL INC				
DOCUMENT NUMBER	R: P1300007159	7			
The enclosed Articles of	Amendment and fee are sul	omitted for filing.			
Please return all correspo	ndence concerning this mat	ter to the following:			
	М	OHAMMED A F	IAQUE		
		Name of Contact Person	1		
		MHAL INC			
_		Firm/ Company			
	2036 IPSDEN DRIVE				
		Address			
	ORLANDO, FL 32837				
_		City/ State and Zip Code	2		
	A	ZFARSYED@A	AOL.COM		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information co	oncerning this matter, please	e call:			
MOHAMMED A	A HAQUE	at ( 407	, <b>749-4486</b>		
Name of Contact Person		at ( 407 ) 749-4486  Area Code & Daytime Telephone Number			
Enclosed is a check for th	e following amount made p	ayable to the Florida Depa	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)		
	g Address	Street	Address		
	ment Section	Amendment Section			
P.O. Bo	n of Corporations ox 6327		n of Corporations Building		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### MHAL INC

(Name of Corporation as	currently filed with the Fl	orida Dept. of State)			
	P1300007	71597			
(Documen	t Number of Corporation (if	known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation add	opts the following	g amendme	nt(s) to
A. If amending name, enter the new na		IC.		The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C	Co". A professional corporat	rated" or the ab ion name must c	breviation	
B. Enter new principal office address, (Principal office address MUST BE A ST	if applicable:	N/A			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST C		N/A		<del>1</del> 3	3 5 6 6
D. If amending the registered agent an new registered agent and/or the new			e of the	OCT 15 AM 10: 4	CRETARY OF S
Name of New Registered Agent	N/A			<b>ئ</b>	7.5
	(Florida stre	et address)		J.	<u>5</u> #
New Registered Office Address:	(City)	, Florida	(Ziv Code)		
Nam Basistanad Acantha Simatura if al	,		(Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		ith and accept the obligations	of the position.		
Sig	gnature of New Registered A	gent, 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
	<u> </u>		
			-
		- <del></del>	
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	<del></del>		
			_
If an amendment provides for an exch	tange, reclassification, or c	ancellation of issued sha	res.
provisions for implementing the ame	ndment if not contained in	the amendment itself:	
(if not applicable, indicate N/A)			

The date of each amendment(s	s) adoption: 10/01/13
	10/01/13
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	0/08/2013
	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	MOHAMMED A HAQUE
	(Typed or printed name of person signing)
	President
	(Title of person signing)