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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	;
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 4A USA, INC. DOCUMENT NUMBER: P14000030906 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Candy Brownlow Name of Contact Person John P. Maas Firm/ Company 44 N.E. 16 Street Address Homestead, FL 33030 City/ State and Zip Code mnazad@netzero.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Candy Brownlow Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ 1\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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

FILED

of 4A USA, INC. OCT 24 AM II: 35

P1400030906	with the Fiorida Dept. of State)A指于某行员35语言)。但是UNUA:
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration <u>:</u>
N/A	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>N/A</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered on new registered agent and/or the new registered of fic	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
i nerchy accept the appointment as registered agent. I am	Jummar with and accept the obligations of the position.
Signature of New P.	egistered 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>	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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	lding additional Artisheets, if necessary).	(Be specific)	(s) nere:		
rticle VI of the	Articles of Incorp	oration are he	reby amended	to read: §	See attached
neet.					
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If an amendment	provides for an exchaplementing the ame	ange, reclassifica	tion, or cancellation	n of issued s	nares,
	able, indicate N/A)	<u>nament it not con</u>	tanieu in the amen	ameni usen,	
/A					
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			<u> </u>	·	

## **ARTICLE VI**

### **SUBSCRIBERS**

The names and addresses of the subscribers of these Articles of Incorporation and the number of shares they have elected to take are as follows:

SUBSCRIBER	ADDRESS	NUMBER OF SHARES
MOHAMMED AZAD	28 Woodmere Drive Drums, PA 18222	20
SAYEDA AKTHER	28 Woodmere Drive Drums, PA 18222	13.34
AFIFA ISLAM	12364 S.W. 216 Street Miami, FL 33170	33.33
JAHANGIR ALAM	40-69 94 Street, Apt. #3G Elm Hurst, NY 11373	33.33

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
and the same and t	(no more than 90 days after amendment file date)	<del>-</del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated October	20142014 MM	
selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<del></del>
	Mohammed Azad	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>