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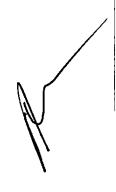


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANTSH WHOLE	SALE INC	
DOCUMENT NUMBER: P14000061041		
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
NOURHAM ABOUSHANA	AΒ	
	Name of Contact Perso	n
ANFSH WHOLESALE INC		
	Firm/ Company	
PO BOX 881		
	Address	
PANAMA CITY, FL 32444		
	City/ State and Zip Cod	e
AHMED.ELSAYED2003@HOTN	MAIL.COM	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
NOURHAM ABOUSHANAB	at (850	532-5730
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANESH WHOLESALE INC

(Name of Company) in a supply of	. Cl. J	- E C(+-+-)	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as currently P14000061041	mied with the Florida Dept.	o <u>i State</u>)	
	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation ado	pts the foll	owing amendment(s)
. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation" (Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "I	Co". A professional corporati	ated" or t on name n	The new he abbreviation nust contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	,		
D. If amending the registered agent and/or registered office address:			·····
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:	City)	lorida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of	of the position of the positio	

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) X Change	P	NOURHAM ABOUSHANAB	PO BOX 881
Add			PANAMA CITY
Remove			FL, 32444
2) Change	PD	AHMED ELSAYED	PO BOX 881
Add			PANAMA CITY
X Remove			FL 32444
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	adding additional Ar al sheets, if necessary).	. (Be specific)				
			••			
						•
provisions for i	nt provides for an exc implementing the am icable, indicate N/A)	hange, reclassificendment if not co	cation, or cancell ontained in the ar	ation of issued sh nendment itself:	ares,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
AHMED ELSAYED	
(Typed or printed name of person signing)	
(Title of person signing)	