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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: SUZAN SNS INC	- -	
	JMBER:		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	SUZAN ABDELKHALEQ		
	SUZAN SNS INC.	Name of Contact Persor	1
		Firm/ Company	
	1646 CROWDER ROAD	, Cop	
	••••	Address	
	TALLAHASSEE, FL 32303		
		City/ State and Zip Code	e
	DPUMPURS@AWWADAN	DASSOCIATES.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, pleas	se call:	
SUZAN ABDELI	CHALEQ	850 at (	321-9402
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
35 Filing Fee	E □\$43.75 Filing Fee & Certificate of Status	S43.75 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 The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as currently	filed with the Florida Dep	pt. of State)		
P14000079028					
	(Document Number of	Corporation (if known)		<del></del>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	adopts the fo	ollowing amen	dment(s) t
A. If amending name, enter the new na	me of the corporation:				
				The	new
name must he distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A				
D. Enter new principal office address i	f annlicable:	1646 CROWDER ROAD	)		
B. Enter new principal office address, i (Principal office address MUST BE A ST		TALLAHASSEE, FL 32303			_
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST C		1646 CROWDER ROAL	)		
(Mutting duaress MAT BE A FOST OFFICE BOX)		TALLAHASSEE, FL 323	303	77	
				2023 C-LT	
D. If amending the registered agent an		ss in Florida, enter the na	ıme of the	T 24	··· .
new registered agent and/or the new registered office addr				Pii	· .
Name of New Registered Agent	SUZAN ABDELKHALEQ	<del></del>		<del>.</del>	
	1646 CROWDER ROAD				
Now Positional Office Address	(Florida stree	et address)	. Florida	2303	
New Registered Office Address:		City)	, 1 10/104	(Zip Code)	_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

SUZAN SNS INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	AIMAN KHALIL	1646 CROWDER ROAD
Add			TALLAHASSEE, FL 32303
X Remove			
2) Change	P	SUZAN ABDELKHALEQ	1646 CROWDER ROAD
X Add			TALLAHASSEE, FL 32303
Remove 3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaya			

(Attach additional sheets, if	necessary). (Be spec	r change(s) here: cific)		
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If an amendment provides	for an exchange, reci	lassification, or cance	ellation of issued share	res.
provisions for implement (if not applicable, indi-	cate N/A)	not toniamed in the	amendine in the second	
····				
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				<u> </u>

, <b>`</b>	OCTOBER 18, 2023	
The date of each amendmen date this document was signed	t(s) adoption:	, if other than th
	OCTOBER 18, 2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file o	date)
	this block does not meet the applicable statutory filing requirer he Department of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sha	archolder action and shareholder
, ,	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	e amendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amena	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by		
, <u> </u>	(voting group)	
•	2.24-23	
Signature	Sur	
(F	by a director, president or other officer – if directors or officers helected, by an incorporator – if in the hands of a receiver, trustee, epointed fiduciary by that fiduciary)	
	SUZAN ABDELKHALEQ	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)