P14000085917

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ALIYA SERVICE	CORP			
	IBER: P14000085917				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	ABRAHAM ZIADEH CPA				
		Name of Contact Person	1		
	ABRAHAM ZIADEH CPA PA				
		Firm/ Company			
	9000 SHERIDAN STREET #117				
	Address				
	PEMBROKE PINES, FL 33024				
		City/ State and Zip Cod	t		
abra	ham@ziadehcpa.com				
<u>-</u>	-	sed for future annual report	notification)		
	,	·			
For further informati	on concerning this matter, pleas	se call:			
abraham@ziadehcp	a.com	954 at (de & Daytime Telephone Number		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable 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)		
Ar Di P.o	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALITA SERVICE CORP	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P14000085917	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	SE SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office. Name of New Registered Agent	
6	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register 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

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 Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	- 	ALIYA ALI	6800 SW 22ND CT
Add				MIRAMAR, FL 33023
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
) Change				
Add				
Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	
	
	
	
	
	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	0/31/2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, th Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	.*	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and sharel	
DatedSignature	DI8	
(By	a director, president or other officer – if directors or officers have not be cod, by an incorporator – if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	
	AMJAD MOHAMED	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . .