P 140000 88971

(Req	uestor's Name)	-
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BELKASA SEAM	ILESS REMODELING INC	<u> </u>	
	1BER: P14000088971			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	ROXANA TUMBACO			
	Name of Contact Person			
	CORNERSTONE TAX AND	O ACCT.SVCS, CORP		
	4	Firm/ Company		
	4000 HOLLYWOOD BLVD	SUITE 555-S		
		Address	·	
	HOLLYWOOD, FL 33021			
		City/ State and Zip Code	· ·	
	accounting@cornerstonetaxe	огр.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	786	597-9461	
Nam	e of Contact Person	at (Area Coe) de & Daytime Telephone Number	
	for the following amount made		·	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
At Di	ailing Address nendment Section vision of Corporations D. Box 6327	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Articles of Amendment

Articles of Incorporation

of

(Name of Corporation as currently filed with the P14000088971 (Document Number of Corporation (if Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i>	
(Document Number of Corporation (if ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> C	
ursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit C</i>	
	(Known)
s Articles of Incorporation:	'orporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
ELKASA INC	The new
une must be distinguishable and contain the word "corporation," "company," or "in lnc.," or Co.," or the designation "Corp," "lnc," or "Co". A professional c hartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	

Signature of New Registered Agent, if changing

Check if applicable

[☐] 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\overline{\lambda}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	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			

amending or adding additional Articles, enter change(s) here: «tach additional sheets, if necessary).—(Be specific)	
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	-
	<u>-</u>
	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
	

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
tuo more th	m 90 days after omendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	were sufficient for approval
by ABDULKARIM ALHAGRI	
(voting group)	
14/15/2022 Dated	
Signature	
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
ABDULKARIM ALHA	GRI
(Typed or prii	ited name of person signing)
PRESIDENT	
(Title of perso	n signing)