

P150000037879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

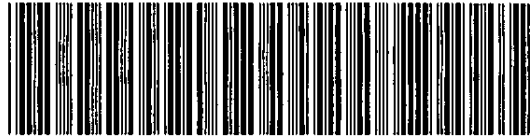
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

08/27/15--01011--016 **35.00

FILED
2015 SEP - 10 AM 3:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SEP 10 2015
A RAMSEY

*00789, 00524, 00672

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ANWJ Inc

DOCUMENT NUMBER: P15000037879

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MD S. Ali

Name of Contact Person

ANWJ Inc

Firm/ Company

9501 Tamiami Trail

Address

Naples, FL 33108

City/ State and Zip Code

Flcpa97@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Youssef Rashid

at (239)

313-7166

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

MD S. Ali
ANWJ Inc.
9501 Tamiami Trail
Naples, FL 33108

SUBJECT: ANWJ INC
Ref. Number: P15000037879

We have received your document for ANWJ INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the officer's titles on page 2 of the amendment form. The title officer is not sufficient. Acceptable titles are president, vice president, secretary, treasurer, director, CEO etc.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 015A00018682

Articles of Amendment
to
Articles of Incorporation
of

ANWJ Inc

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

2015 SEP -10 PM 3:01

P15000037879

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

9501 Tamiami Trail

Naples, FL 33108

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

9501 Tamiami Trail

Naples, FL 33108

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>MD S. Ali</u>	<u>4310 SW 9th Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Cape Coral, FL 33914</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>Mohammad S. Islam</u>	<u>122. NE 7TH AVE</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			<u>Homestead, FL 33030</u>
3) <input type="checkbox"/> Change	<u>T</u>	<u>Mohammad Nazmul Haque</u>	<u>929 NW 2nd Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Apt. 11</u>
<input type="checkbox"/> Remove			<u>Homestead, FL 33030</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. 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)

The date of each amendment(s) adoption: 08/04/2015, if other than the date this document was signed.

Effective date if applicable: 08/04/2015
(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 not be listed as the document's effective date on the Department of State's records.

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)

- ☐ 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)

MD Shafiqul Islam

(Typed or printed name of person signing)

President

(Title of person signing)