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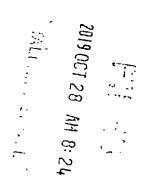
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COVER LETTER

TO: Amendment Section

Division of Corporations

| NAME OF CORPORATION: | NAME OF CORPORATION: ANW. | I luc |
|---|---|--|
| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mohammed Haque Name of Contact Person ANW J NC Firm/ Company 9501 Tamiami Tai Address Naples FL 34106 City/ State and Zip Code FLCPA97 901. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Youssef Rashi at (239) 313-7106 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Sass Filing Fee S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Division of Corporations Division of Corporations Cartificate of Corporations Cartificate of Corporations Cartificate of Corporations | DOCUMENT NUMBER: 7150000 | 37879 |
| Mohammed Haque Name of Contact Person ANW J INC Firm/ Company 9501 Taniami Trail Address Names, FL 34106 City/ State and Zip Code FLCPA97 D aol. CoM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (234) 313-7106 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations | | |
| Firm/ Company 9501 Tamiqmi Tail Address Names, FL 34106 City/ State and Zip Code FLCPA T D aol. CoM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Youssef Rashid at (234) 313-7166 Name of Contact Person at (234) 313-7166 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Corporations Mailing Address Amendment Section Division of Corporations Division of Corporations | Please return all correspondence concerning this r | natter to the following: |
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| Address Naples FL 34106 | AΝ | NJ INC |
| Address Naples FL 34106 City/ State and Zip Code | | Firm/ Company |
| Name FL 34v6 City/ State and Zip Code FLCPA97 | | |
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| Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Sass Filing Fee Status Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations at (234) 313-7166 Area Code & Daytime Telephone Number State: State: State: State: Area Code & Daytime Telephone Number State: State: State: Area Code & Daytime Telephone Number State: State: State: State: Street Address Amendment Section Division of Corporations | E-mail address: (to be | used for future annual report notification) |
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| Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee | Youssel Rashid | at 239 313-7166 |
| \$35 Filing Fee | Name of Contact Person | Area Code & Daytime Telephone Number |
| \$35 Filing Fee | | |
| Certificate of Status (Additional copy is Certified Copy enclosed) (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) Additional Copy is enclosed) | Enclosed is a check for the following amount mad | le payable to the Florida Department of State: |
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| Amendment Section Amendment Section Division of Corporations Division of Corporations | Mailing Address | Street Address |
| | Amendment Section | Amendment Section |
| D /O D / 2557 | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| A | NWI | NC |
|---|-----|----|
| | | |

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

| 7150000 3 | 118.13 | |
|---|--|-----------------|
| (Document ? | Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation: | tutes, this Florida Profit Corporation adopts the follow | wing amendment(|
| A. If amending name, enter the new name of the corpor | ration: | |
| name must be distinguishable and contain the word "c" "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr | Inc." or "Co". A professional corporation name mu | |
| B. Enter new principal office address, if applicable: | | 201 |
| (Principal office address MUST BE A STREET ADDRES | <u>ss</u>) | . 3 |
| | | <u> </u> |
| | • | ~ |
| | , | |
| C. Enter new mailing address, if applicable: | · · | == |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | . ` |
| | | 24 |
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| D. If amending the registered agent and/or registered o | ffice address in Florida, enter the name of the | |
| new registered agent and/or the new registered offic | e address: | |
| Name of New Registered Agent | | |
| | | |
| | | |
| (| (Florida street address) | |
| New Registered Office Address: | , Florida | |
| · · · · · · · · · · · · · · · · · · · | (City) (Z | (ip 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 positio | n. |
| | | |
| | | |
| | CN: D : | |
| Signature | e 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 Doe | |
|-------------------------------|-----------|-------------------|----------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | Mohammad Hoque | 929 NW 2nd Ave |
| Add | | | Homestead, FL 33030 |
| Remove | | | |
| 2) X Change | P | MD Shafiqul Islam | 7475 Sikadeer Way |
| Add | | | Fort Myers, FL 33966 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) | | |
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| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | ange, reclassification, or cancell ndment if not contained in the a | ation of issued shares, mendment itself: | |
| provisions for implementing the ame | nange, reclassification, or cancell ndment if not contained in the a | ation of issued shares, mendment itself: | |
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| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancell | ation of issued shares, mendment itself: | |

| 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 a | late) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records. | nents, this date will 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 by the shareholders was/were sufficient for approval. | amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend | |
| "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 a action was not required. | nd shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required. | nareholder |
| Dated | |
| Signature Molyanad Hoque | |
| (By a director, president or other officer – if directors or officers h | |
| selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary) | or other court |
| | |
| Mollamara | |
| (Typed or printed name of person signing) | |
| PRES | |
| (Title of person signing) | |