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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: AL REHMAN INC DOCUMENT NUMBER: \$\frac{915000045925}{15000045925} The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MOHAMMAD T. RASHEED OR ASAD FARMAUI
Name of Contact Person AL REHMAN INC
Firm/ Company

10134 FACET CT
Address ORLANDO FL 32836

City/ State and Zip Code IMAMTARIR @ GMALL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOHAMMAD T. RASHEED at (407) 361 - 6666

Name of Connect 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 & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AL REHMAN	
	ly filed with the Florida Dept. of State)
P 15 00 00 4	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10/34 FACET CT
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	OFLAN DO FL 32836
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10134 FACET CT ORLANDO FL 32836
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	SS A FILE
(Florida str	coet address)
New Registered Office Address:	Florida Zip Code
	72,47 (100)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	
Signature of New I	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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	P	MOHA	MMAD T. RASH	IEED 10134 FACET CT
X_Add				ORLANDO FL 32836
Remove				
2) Change	P	ASAN	FARUOUI	10632 GOLDEN CYPRESS CT
Add				ORLANDO FT 32836
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Transference of the control of the c	, if necessary)	les, enter chang (Be specific)			
					
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<u>.</u>		.,			
					
If an amendment provi provisions for implem	des for an excha	inge, reclassifica	ition, or cancellati	ion of issued share	<u>s.</u>
(if not applicable, i	indicate N/A)			<u> </u>	
N,	/A				
	-				

The date of each amendment(s) adoption: 1) -9 - 2017 date this document was signed.	, if other than the
Effective date <u>if applicable</u> : 11 - 4 - 2-017 (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, the document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	cholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Signature (By a director, president of other officer – if directors or officers have not	bann
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
MOHAMMAD T. RASHEED (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	