P15000062250

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Althuraya Inc		
	BER: P15000062250		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Paola Osorio		
		Name of Contact Person	n
	Althuraya Inc		
		Firm/ Company	
	11301 S Orange Blossom Trl	, Suite 201-3	
		Address	* ***
	Orlando, FL 32837		
		City/ State and Zip Cod	e
pholi	nan131@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
for further informatio	n concerning this matter, pleas	se call:	
Paolla Osorio		at (930-3550
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	☐\$43.75 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)
Mailing Address		Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of	
ALTHURAYA INC		15
(Name of Corpor	ration as currently filed with the Florida Dept. of State)	2
P15000062250		
(Do	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the	e corporation:	i
		The new
	word "corporation," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation name muthe abbreviation "P.A."	
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)	
		1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or regi	istered office address in Florida, enter the name of the	!
new registered agent and/or the new register		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Z	(ip Code)
New Registered Agent's Signature, if changing I		
I hereby accept the appointment as registered agen	nt. I am familiar with and accept the obligations of the positio	n.
S	Signature of New Registered Agent, if changing	

address of each Offic (Attach additional she Please note the officer P = President; V= Vi Executive Officer; CF held. President, Treas. Changes should be no a change, Mike Jones	er and/or lets, if neces I/director tile I/director til	tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; Financial Officer, If an officer/director holds	TR= Trustee: C = Chairman or Clerk: GEO = more than one title, list the first letter of each as the PST and Mike Jones is listed as the V. T	Chief office here is
X Change	<u>PT</u>	John Doc	·	
X Remove	\underline{V}	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	p	HICHAM ALSAKHNIYA	5950 LAKE HURST DR #246	'
Add			ORLANDO, FL 32819	
XXX Remove				
2) Change	Р	HICHAM SAKHNIYA	11301 S ORANGE BLOSSOM	
XXX Add			TRL, STE 201-3	
Remove			ORLANDO, FL 32837	ļ
3) Change				
Add				
Remove				
4) Change				
Add				l t
Remove				
5) Change				!
Add				,
Remove				
6) Change			_	ŀ
Add				1
Remove				

amending or adding additional Articles, enter change(s) here:	
tach additional sheets, if necessary). (Be specific)	
	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
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rovisions for implementing the amendment if not contained in the amendment itself:	
rovisions for implementing the amendment if not contained in the amendment itself:	

01/01/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/01/2017	
Effective date if applicable:	
(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 widocument's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	į
☐ 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	Ť
(voting group)	1
■ 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.	1
Dated	
Dated 10-36-57 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)	-
HICHAM SAKHNIYA	
(Typed or printed name of person signing)	1
PRESIDENT	
(Title of person signing)	