| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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R. WHITE

COVER LETTER

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TO: Amendment Section Division of Corporations

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| NAME OF CORPOR | ATION: WOD CON ER: P1500006961 | STRUCTION, IN | NC. | |
|--|---|--|---|--|
| | | | | |
| The enclosed Articles of | f Amendment and fee are su | bmilled for filing. | | |
| Please return all corresp | oondence concerning this ma | tter to the following: | , | |
| | TIM A. HAMED, (| CPA | | |
| ~ | | Name of Contact Person | 1 | |
| • | TIM A. HAMED, (| CPA, P.A. | | |
| - | | Firm/ Company | | |
| | 15310 AMBERLY | / DR., STE 250 | | |
| _ | | Address | | |
| • | TAMPA, FL 3364 | .7 | | |
| _ | | City/ State and Zip Code | 2 | |
| timh | named@yahoo.co | om | | |
| | | sed for future annual report | notification) | |
| For further information | concerning this matter, pleas | se call: | | |
| 1 of further muonization | concerning this matter, pieds | | | |
| TIM A. HAMED, CPA at (813) 514-2905 | | | | |
| Name of Contact Person Area Code & Daytime Telephone Nun | | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment 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 | | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301 | |

Articles of Amendment to Articles of Incorporation

FILED

15 NOV 25 AM 9: 51

WOD CONSTRUCTION, INC.

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

SEGRETARY OF STATE TALLAHASSEE FLORIDA

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(Document Number of Corporation (if known)

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

| ame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designa | in the word "corpor tion "Corp," "Inc," | ation," "company," or "incor or "Co". A professional corpo | porated" or the a pration name must | |
|---|--|---|--|--|
| ord "chartered," "professional associati | on," or the abbreviati | | | |
| Enter new principal office address, it Principal office address <u>MUST BE A ST</u> | | # 405 | | |
| | | TAMPA, FL 33 | 602 | |
| Enter new mailing address, if applicable: | | 1190 E. WASH | 1190 E. WASHINGTON ST. | |
| (Mailing address <u>MAY BE A POST O</u> | <u>FFICE BUX</u>) | # 405 | | |
| | | TAMPA, FL 33 | 602 | |
| . If amending the registered agent and new registered agent and/or the new Name of New Registered Agent | registered office add | | ame of the | |
| Name of New Registered Agent | 15310 AMBE | RLY DR., STE 250 | | |
| • | (Floria | a street address) | _ | |
| New Registered Office Address: | TAMPA | Floric | la 33647 (Zip Code) | |
| | (1 | Zity) | (Zip Code) | |

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 | Name | Address |
| 1) Change | Р | TAREK BEIRAKDAR | 1190 E. WASHINGTON ST |
| Add | | | UNIT 517 |
| Remove | | | TAMPA, FL 33602 |
| 2) Change | <u>T</u> | AYA CHWAKANI | 1190 E. WASHINGTON ST |
| Add | | | UNIT 517 |
| Remove | | | TAMPA, FL 33602 |
| 3) Change | S | KHALED JAMAL | 1190 E. WASHINGTON ST |
| Add | | | UNIT 517 |
| Remove | | | TAMPA, FL 33602 |
| 4) Change | D | MAZEN BEIRAKDAR | 1190 E. WASHINGTON ST |
| Add | | | UNIT 517 |
| Remove | | | TAMPA, FL 33602 |
| 5) Change | Р | MAZEN BEIRAKDAR | 1190 E. WASHINGTON ST |
| Add | | | UNIT 405 |
| Remove | | | TAMPA, FL 33602 |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach a | <mark>ding or adding additional</mark> additional sheets, if necessa | ry). (Be specific) | _ | |
|---------------------------------------|---|---------------------------------------|--|---------------------------------------|
| 1/A | | | | |
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| If an an | nendment provides for an | exchange, reclassification | on, or cancellation of issue tined in the amendment its | ed shares. |
| (if | not applicable, indicate N/2 | 4) | ined in the amendment its | ocii. |
| I/A | • • | | | |
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| | | VIII. | | |

| The date of each amendment(s) adopt date this document was signed. | ion: | , if other than the |
|---|--|---------------------|
| <u> </u> | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the amendment(s) ent for approval. | |
| | ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for t | he amendment(s) was/were sufficient for approval | |
| by | · · · · · · · · · · · · · · · · · · · | |
| | (voting group) | |
| The amendment(s) was/were adopted action was not required. | by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adopted action was not required. | by the incorporators without shareholder action and shareholder | |
| Dated 11/18/2015 | | |
| | WAZEN HS | |
| selected, by | or. president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) | |
| MA | AZEN BEIRAKDAR | |
| | (Typed or printed name of person signing) | _ |
| DIF | RECTOR | |
| | (Title of person signing) | |