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Division of Corporations

Fax Number

: (850)617-6380

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Account Name : GENERAL SOLUTIONS INC

Account Number : 120140000086

Phone Fax Number : (305)255-3310 : (305)355-3320

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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S TALLENT

COR AMND/RESTATE/CORRECT OR O/D RESIGN MAA BABA, INC

OCT 1 1 2017

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COVER LETTER

| TO: Amendment Section Division of Corporat | ions | | | | |
|--|--|--|--|--|--|
| NAME OF CORPORAT | TION:MAA | BABA INC | | | |
| DOCUMENT NUMBER | R:P1: | 5000085140 | | | |
| The enclosed Articles of | Amendment and fee are sui | bmitted for filing. | | | |
| Please return all correspo | ndence concerning this mat | ter to the following: | | | |
| | | PROKASH MAJUMEI | R | | |
| | | Name of Contact Person | n | | |
| | | MAA BABA INC | | | |
| | | Firm/ Company | | | |
| | | 3000 NW 2ND AVE | | | |
| , | _ | Address | | | |
| | | MIAMI FL 33127 | | | |
| _ | | City/ State and Zip Cod | e | | |
| | pr | okashmajumder25@gmail | .com / | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information concerning this matter, please call: | | | | | |
| PROKASH | MAJUMDER | at (305 | | | |
| Name of 0 | Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for the | ne 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) | | |
| Amend Dîvisio P.O. Be | g Address ment Section n of Corporations ox 6327 issee, FL 32314 | Ameno Divisio Cliftor | Address Iment Section on of Corporations Building Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of MAA BABA, INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000085140 (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: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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; PROKASH MAJUMDER Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida 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.

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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, Sully 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.

| 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> | Name | <u>Addres</u> s |
| l) Change | P | ALENDRO R DASH | 3000 NW 2ND AVE |
| Add | | | MIAMI FL 33127 |
| X Remove | | | |
| 2) Change | P | PROKASH MAJUMDER | 3000 NW 2ND AVE |
| X Add | | | MIAMI FL 33127 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | <u>'</u> |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| (Attacl | nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific) | |
|-----------------|--|---------|
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| . If an prov | n amendment provides for an exchange, reclassification, or cancellation of issued shares, prisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
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|--|---------------------------|
| 09/25/2017 | |
| The date of each amendment(s) adoption: | , if other than the |
| 09/25/2017 | |
| 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 document's effective date on the Department of State's records. | 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 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): | 1 |
| "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 Prokash Hajomider | |
| (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) | - |
| PROKASH MAJUMDER | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |