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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: CHAUHDARY BROTHERS CORP. DOCUMENT NUMBER: P16 00000 62 6 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FARMAN MANGHAT ALI
Name of Contact Person CHAUHDARY BROTHERS CORP. 1401 S. MILITARY TRAIL WEST PALM BEACH / FL 33415

City/ State and Zip Code farmanalimanghat@gmail.com
E-mail address: (to be used for wure annual report notification) For further information concerning this matter, please call: FARMAN MANGHAT ALL at (561) 729-6660

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

01	
CHAUHDARY BROTHERS	CORP.
(Name of Corporation as currently file	i with the Florida Dept. of State)
P16000000626	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	da Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the
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)	N/A :
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent MUMTAZ	AKHTAR ALI
•	MILITARY TRAIL
New Registered Office Address: WEST PAL (City)	M BEACH Florida 33415 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position.
Signature of New Registe	red 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	PT John	Doe			
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>			
X Add	<u>SV</u> <u>Sally</u>	Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	VP_	AFTHKAR	SHAHID	1401 S. MILITARY	
Add				TRAIL, WEST PAL	.M
Remove				BEACH, FL 33415	
2) Change	<u>VP</u>	MUMTAZ A	KHTAR AL	1_ 1401 S.MILITARY TR	AIL
Add				WEST PALM BEACH	
Remove				FL 33415	
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
(A) Change					
6) Change					
Add					
Remove					

If amending o Attach <i>additio</i>	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)	
	-1 /Δ	
	N/A	
<u></u>		
		
provisions for	ent provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: elicable, indicate N/A)	
	N/A-	
		
		

date this document was signed.	option: <u>01-28-2018</u>	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing artment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cas icient for approval.	t for the amendment(s)
	oved by the shareholders through voting groups. ach voting group entitled to vote separately on th	
"The number of votes cast for	or the amendment(s) was/were sufficient for appro	val
by	(voting group)	·"
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action	n and shareholder
Dated <u>0/- 2</u> Signature	8-2018 hart	
selected.	ector, president or other officer – if directors or or by an incorporator – if in the hands of a receiver, d fiduciary by that fiduciary)	
-	FARMAN MANGI (Typed or printed name of person signing)	HAT ALI
_	PRESIDENT (Title of person signing)	