

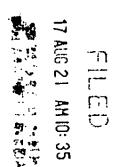
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R. 18877

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: MAY DO COMENT NUMBER: 2150000	n Enterprises TXX
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Masson t	tanit
Accounting	Name of Contact Person
3898 vid	Poncion Ste 15
Lakewort	R, Pers 33467
Marit @ac E-mail address: (to be us	City/ State and Zip Code CPO Socion ed for lature annual report notification)
For further information concerning this matter, pleas	e call:
Name of Contact Person	at (565) 687-6466 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee Scriffcate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED

to Articles of Incorporation

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maryan Ente	erprise Tr)(eri bi bi
P1600004073	poration as currently filed with t	ne Fiorida Dept, of State)	<u>.</u>
	(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this Florida Profi	t Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name o	f the corporation:		
name must be distinguishable and contain : "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A prof	y," or "incorporated" or the c essional corporation name must	The new abbreviation contain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>			
D. If amending the registered agent and/or new registered agent and/or the new reg		a, enter the name of the	
Name of New Registered Agent			_
	(Florida street address)		_
New Registered Office Address:	(City)	, Florida(Zip	Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered in	ng Registered Agent: agent. I am familiar with and acce	pt the obligations of the position.	
	Signature of New Registered Age	ent, 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>	Name	Address Diagram
1) Change	<u>'Y</u>	Hamica DIDI	A lawerale 4 3332
Add Remove			<u></u>
2) Change	7	Ishfaq, Muham	mad Rivedano Ro
Add			H. lawelle H 32312
3) Change			
Add			
4) Change	,		
Add			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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			•	
				·
				
f an amendment provides for an evel	hange, reclassificatio	n, or cancellation of	issued shares,	
provisions for implementing the ame	indment if not contain	ned in the amendme	it itself:	
(if not applicable, indicate N/A)				
		·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wildocument's effective date on the Department of State's records.	ff 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 east 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)	
☐ 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.	
21717	
Dated	
Signature / helse Lafa	
(By a director, pysident 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)	
appointed fiductary by that indictary)	
11 luhammae shtay	
(Typed or printed name of person signing)	
(Title of person signing)	