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COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles	RATION:	bmitted for filing. ter to the following:				
	((//////	Name of Contact Person	1			
	Alres	11/20- 3	INTO			
	Firm/ Company					
	Name of Contact Person AM NEXT 3 INC Firm/ Company 1600 NW 8474 AVE Address MANN FL 33126 City/ State and Zip Code					
,	, , , , , , , , , , , , , , , , , , ,	Address				
	1/11	mi FL	33126			
		City/ State and Zip Code	•			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information concerning this matter, please call:						
UMAR	MUSHTAR	at (305	de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment 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)			
	ling Address andment Section		Address ment Section			

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

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Articles of Amendment to Articles of Incorporation

16 AUG 11 PM 3: 13

SILVE Y (Name of Corporation as currently filed with the Florida Dept. of State) P16000063959 (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: The new 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: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ (City) (Zip Code) 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. Signature of New Registered 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.

X Change	<u>PT</u>	<u> John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	/	ALI MUSHTAR	1600 NW 8474 AVE
X Add			MIAMI FL 3312,
Remove			
2) Change			
Add			***************************************
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
. 5) Change		April	- And
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>additi</i> i	or adding additional A onal sheets, if necessary,). (Be specific)				
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			····			
<u>provisions fo</u>	nent provides for an exo or implementing the an opticable, indicate N/A) N/A	<u>endment if not co</u>	ation, or cancells ontained in the an	ntion of issued s neudment itself:	nares,	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	The state of the s
Effective date if applicable: 8/1/16	
Effective date if applicable: 0//6 (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 document's effective date on the Department of State's records.	date 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 amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ament
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated / 08/09/0016	
Signature (By a director, president of other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other control is the hands of a receiver, trustee, or other control is the hands of a receiver, trustee, or other control is the hands of a receiver, trustee, or other control is the hands of a receiver, trustee, or other control is the hands of a receiver, trustee, or other control is the hands of a receiver, trustee, or other control is the hands of a receiver.	ourt
appointed fiduciary by that fiduciary)	
UMAR MUSITAR	The state of the s
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	