## P16000094660

(Re	equestor's Name)	
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: LODABA inc		
DOCUMENT I	P1600004660		
The enclosed A	rticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Khalid Faidy		
		Name of Contact Person	
	Lodaba inc		
		Firm/ Company	
	424 E Central Blvd # 702		
		Address	
	Orlando FL		
		City/ State and Zip Code	
	Khalidfaidy@yahoo.com		
	E-mail address: (to be us	sed for future annual report i	notification)
For further info	rmation concerning this matter, pleas	se call:	
Khalid Faidy		at (_407	244-6864
1	Name of Contact Person		le & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	payable to the Florida Depar	rtment of State:
\$35 Filing F	Fee \$\Bigcup\\$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	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building accutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LODABA inc			~ N &
( <u>Name c</u>	of Corporation as current	y filed with the Florida Dept. of State)	17. C
P16000094660			36
	(Document Number o	f Corporation (if known)	14 15. Oc
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	
A. If amending name, enter the new na	me of the corporation:		
			The new
	ation "Corp," "Inc," or '	n," "company," or "incorporated" or the a "Co". A professional corporation name must 'P.A."	
B. Enter new principal office address,	if annlicable:	200 A Zell Dr	
(Principal office address <u>MUST BE A S</u>		Orlando FL 32824	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		424 E Central Blvd # 702	
		Orlando FL 32801	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Khalid Faidy		
	200 A Zell Dr		_
	(Florida st	reet address)	_
New Registered Office Address:	Orlando	, Florida Fl	2824 K.E
The Wine State of the Man Cass.		(City) (Zip	Code)
New Registered Agent's Signature, if c	hanging Dagistavad Agant	,	
		· with and accept the obligations of the position.	
	Signature of New I	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.

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>	<u>Name</u>	Address
1) Change	Pdt	Shafei Basem	200 A Zell Dr
Add X Remove			Orlando FL32824
2) Change	Pdt	Faidy Khalid	200 A Zell Dr
X Add			Orlando FL 32824
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		,	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
KHALIS FAIRY is the owner of The company	ı
With 100% shales	
<u> </u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	<del></del>

, .	11/29/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/29/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statemed or each voting group entitled to vote separately on the amendment(s):	ent
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholde	<b>∋</b> r
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
11/29/20 Dated	16	
Signature K	halid Faidy	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other coun inted fiduciary by that fiduciary)	t
	(Typed or printed name of person signing)	
	(Title of person signing)	<del>.</del>