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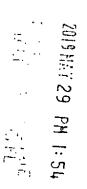




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R. WHITE JUIL 1 5 2019



### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: PUTO!	Haver Inc.	
DOCUMENT NUMBE	er: <u>P17000</u>	0011524	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	<u> </u>	Sava Hass Name of Contact Person	
_		Auto Leve Firm/ Company	rInc.
_	55	511 N. N. Ob.	rasha Ave.
-	TO	City/ State and Zip Cod	53604 c
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Name of	Abvelener Contact Person	at ( <u>813</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations of Building

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment

## Articles of Incorporation

$\mathcal{C}$	of the state of th
Huto Fever	urrently filed with the Florida Dept. of State) FH 1: 53
(Same of Corporation as ac	to the state of th
(Document Nu	mber of Corporation (if known)
suant to the provisions of section 607,1006, Florida Statute Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporati	tion:
\/ <del>   </del>	The new
	poration," "company," or "incorporated" or the abbreviation "," or "Co". A professional corporation name must contain the liation "P.A,"
Enter new principal office address, if applicable:	5511 N. Nebrasha Ave.
ncipal office address <u>MUST BE A STREET ADDRESS</u> )	Tampa PL 33604
	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5511 N. Nebrasha Are.
	Tumpa PL 33604
If amending the registered agent and/or registered office	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	orida street address)
(Flo	
New Registered Office Address: New Registered Office Address:	, Florida

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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jone	<u>28</u>	
X Add	<u>SV</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	Address
1) Change			Sara Hassan	500 El Sereno Place
_X Add				Tampa PL 33603
Remove				<u>Apr 150</u>
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
D				

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (1)	s, enter change(s) here: Be specific)
6110	
——————————————————————————————————————	
-101	
F. If an amendment provides for an exchange provisions for implementing the amendr	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	

The date of each amendment(s) adoption: 510019 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill 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 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):	
"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 5/22/2019	
Signature	
(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)	
Ahmed Ahvelenen	
(Typed or printed name of person signing)	
President	
(Title of person signing)	