## P17000020448

(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HUMMUS ACHIL	A INC	
	BER: P17000020448		
	s of Amendment and fee are so	ubmitted for filing.	
Please return all com	espondence concerning this ma	atter to the following:	
	MAHMOUD DARSULAIM	AN	
		Name of Contact Perso	n
	HUMMUS ACHLA INC		
		Firm/ Company	
	658 W HALLANDALE BEA	ACH BLVD	
		Address	
	HALLANDALE, FL 33009		
		City/ State and Zip Cod	c
	HUMMUS.ACHLA@GMAI	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, please	se call:at (786	603-7093
Name	of Contact Person		) de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		•
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HUMMUS ACHLA INC	
	 _

(Name of Corporation : P17000020448	as currently filed with the Flori	da Dept. of State)
	t Number of Corporation (if know	
Pursuant to the provisions of section 607.1006, Florida Strits Articles of Incorporation:		·
A. If amending name, enter the new name of the corpe N/A	oration:	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviat	r "Co". A professional cornor	orated" or the abbreviation "Com. "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	N/A	
		1070
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		the name of the
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter ce address:	the name of the
Name of New Registered Agent		
	(Florida street uddress)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	·	127 2.20
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent: I familiar with and accept the obt	ligations of the position.
W	Amod	
Signature	e of New Registered Agent, if cha	nging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	. <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	V	SHAHRAZAD DARSULAIMAN	5024 HAYES STREET.
Add			HOLLYWOOD, FL 33021-5248
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Wymoo

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
MAHMOUD DARSULAIMAN IS THE ONLY SHAREHOLDER OF THE COMPANY.
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)

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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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"
by"  (voting group)
Dated (04/07/2020) 01/01/2020
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)
MAHMOUD DARSULAIMAN
(Typed or printed name of person signing)
P. Cuner Minux

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