## 17000024134

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_ Samah Khodeir, PA DOCUMENT NUMBER: P17000026134 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Samah Abukhodeir Name of Contact Person Samah Khodeir, PA Firm/ Company 2 Alhambra Plaza, Suite 620 Address Coral Gables, FL 33134 City/ State and Zip Code samah@flpfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samah Abukhodeir Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation

Articles of Inc.			
	corporation E 1		
of	\$ Q. Jen		
amah Khodeir, PA			
(Name of Corporation as currently	y filed with the Florida Dept. of State)		
17000026134			
(Document Number of	f Corporation (if known)		
6 1 (07 100 / 5) 11 0 11 0			
ursuant to the provisions of section 607.1006, Florida Statutes, this I staticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
	***		
. If amending name, enter the new name of the corporation:			
	The new		
ame must he distinguishable and contain the word "corporation			
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Corp." "Inc." or "Corp." or the abbreviation "I			
ora control, projessiona association, or me approximital 1	2 Alhambra Plaza, Suite 620		
Enter new principal office address, if applicable:	Z Alliambia Flaza, Suite 020		
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Coral Gables, FL 33134		
Enter new mailing address, if applicable:	2 Alhambra Plaza, Suite 620		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Z Alliamura Flaza, Suite 020		
	Coral Gables, FL 33134		
. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the		
inc regimered agent and/or regimered diffee addr			
new registered agent and/or the new registered office address:	<u>:</u>		
new registered agent and/or the new registered office address:	<u>:</u>		
	<u></u>		
new registered agent and/or the new registered office address:  Name of New Registered Agent			
new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida stre			
Name of New Registered Agent  (Florida street)  New Registered Office Address:			

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
1) Change		_		
Add				
Remove				
Change		_		
Add				
Remove				
Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	<del></del>
	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) a	doption:, if other than the
date this document was signed.	
9/5 	/2018
Effective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by	"
•	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	Samah Abukhodeir
	(Typed or printed name of person signing)
	President
	(Title of person signing)