## P17000039350

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hand	7 Foliational Tol			
DOCUMENT NUMBER: P17600				
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	itter to the following:			
Bret	H ISac (			
	Name of Contact Person			
	Firm/ Company			
9735	9735 Old St. Augustine Rd.  Address  Jacksonville, FL 32257  City/ State and Zip Code			
Jack	Gonville FL 32257			
	City/ State and Zip Code			
E-mail address: (to be us	sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
Breff Isaac	at ( 904 ) 730-9264 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State: 35 **			
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

of

	nterTair		٠	<u> </u>		
(Name of Corporation a	is currently	<u>filed with the Flo</u>	orida Dept. of S	tate)		
(Document	Number of C	Jorporation (if kn	own)			
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	itutes, this $m{F}$	lorida Profit Corp	poration adopts t	he following	amendn	ient(s) to
A. If amending name, enter the new name of the corpo	ration:					
					The ne	
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbi	Inc," or "Co	o", A profession	r "incorporated nal corporation (	" or the ab name must c	breviatio ontain th	n C
B. Enter new principal office address, if applicable:	ee v				<u>ro</u>	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>აა</u> )			<u></u>	919	
				. –	404	, 7,
					- 7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				, ,	70	_
				-,	<u> </u>	
		<del></del>		<u>*.</u>		
				······································	- <del></del>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ss in Florida, ent	er the name of t	<u>he</u>		
Name of New Registered Agent						
	(Florida stree	t address)				
New Registered Office Address:			Flori			
	/(	'liy)		(Zip C	inde)	
New Registered Agent's Signature, if changing Register						
I hereby accept the appointment as registered agent. I an	r familiar wii	th and accept the	obligations of th	e position.		
Signatur	e of New Res	gistered 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> <u>John</u>	<u>n Doe</u>	
$\underline{X}$ Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Elia Hawara	9735 old St. Augustine RI
Add	^		Jacksonville, FL 32257
2) Change	<u>+</u>	Feideh Zidan	Julesonville, Fl 32257
Remove 3 ) Change Add			
Remove 4) Change Add			
Remove  5) Change  Add  Remove			
6) Change Add			
Demove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
4/4	
<del></del>	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ado	ntion: 10/24/19	, if other than the
date this document was signed.		*
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ick does not meet the applicable statutory filing requirements, turtment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amend icient for approval.	ment(s)
	oved by the shareholders through voting groups. The following s such voting group entitled to vote separately on the amendmentts	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
py	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and sharehold	der
Dated	26/24/19 Eduh ligh	
Signature X	eder ligh	
/By a dire	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other	
	by an incorporator – it in the names of a receiver, trustee, or other fiduciary by that fiduciary)	er court
_	Fedah Zidan	
	(Typed or printed name of person signing)	
	New Aesident	
	(Title of person signing)	