(R	equestor's Name)	
. (A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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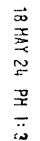
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S TALLENT MAY 2 5 2018



COVER LETTER

TO: Amendment Sec Division of Cor			
NAME OF CORPO	RATION: NAUSHIN BUS	NESS INC.	
DOCUMENT NUM			
The enclosed Articles	of Amendment and tec are i	submitted for filing.	
Please return all corre	espondence concerning this u	atter to the following:	
	RAHMAN FERDHAWASI		
		Name of Contact Perso	M.
	NAUSHIN BUSINESS INC		
		Firm/ Company	
	191 CARLTON ST.		
	WAUCHULA FL 33873	Aildress	·
*	CIRAHOMED BE 13-mail address. (to be in		M / notification)
		at (.)
			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	offment of State:
■ \$35 Filing Fee	□\$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)
Amer Divis P.O.	ing Address indicat Section ition of Corporations Box 6327 hassec, FL 32314	Amend Division Clifton 2661 lis	Address ment Section of Corporations Building tocutive Center Circle SSCC. FL 32301

Articles of Amendment to Articles of Incorporation of

NAUSHIN BUSINESS INC		
(Name of Corporation as curren	ntly filed with the Florid	a Dept. of State)
P17000042903		
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A .		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	<u>ه.</u> ه
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		24 7
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		Site Ca
·		····
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter t	he name of the
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida	street address)	
N/A		
New Registered Office Address: 1973	(City)	, Florida (Zip Code)
	(Ciţ)	(Eq) Civile)
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent. I am familia		gations of the position.
Signatura of Nav	v Registered Agent, if cha	neine
Signature of New	- педысте пуст, у спа	18118

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 Doc	
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>	<u>Addres</u> s
1) Change	<u>T</u>	TANIA KHAN	101 CARLTON ST
XAdd			WAUCHULA, FL 33873
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amer</u> (Attach	nding or adding additional Arti additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	•	
	, , , , , , , , , , , , , , , , , , , 	
•	· · · · · · · · · · · · · · · · · · ·	
	-	
	· · · · · ·	
		•
F 16		
r. <u>Han a</u> provi	menament provides for an exca sions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	f not applicable, indicate N/A)	
N/A		

The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if 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 repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach witing group entitled to vota separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
	(valing group)	
The amendment(s) was/were ad- action was not required.	opicd 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	
Dated	5-11-18	
- Signature		
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	FERDHAWASI RAHMAN Jurdhawai Bahman. (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	VICE PRESIDENT MD. KAPAR AHDMED SEC	Ψ.

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