06/15/2017 12:19 5612968430 PAGE 01/07 attps://efile.sunbiz.org/scripts/efilcovr.exc tions of lme Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H17000158973 3))) H170001589733ABC8 15 AH 8: Note: DO NOT hit the REFRESH/RELOAD button on your browser from this m page. Doing so will generate another cover sheet. မ္ဘာ To: Division of Corporations : (850)617-6380 Pax Number From: S TALLENT : CORPORATE CREATIONS INTERNATIONAL INC. Account Name Account Number : 110432003053 JUN 1 6 2017 : (561)694-8107 Phone : (561)694-1639 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please Email Address:_ COR AMND/RESTATE/CORRECT OR O/D RESIGN FLOM HOLDINGS INC. 2:05 Û Certificate of Status ymend 1 Certified Copy 06 Page Count 17 100 10 \$43.75 Estimated Charge Help Corporate Filing Menu

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June 15, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

FLOM HOLDINGS INC. 5415 LAKE HOWELL RD. #323 WINTER PARK, FL 32792

SUBJECT: FLOM HOLDINGS INC. REF: P17000050984

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ASGHAR MESHKATI IS NOT LISTED AS AN OFFICER ON THE SUNBIZ WEBSITE. ON FAGE 2 OF 4 YOU MUST CHECK ADD FOR THE TYPE OF ACTION, INSTEAD OF CHANGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

FAX Aud. #: E17000158973 Letter Number: 817A00012123 COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Asghar (Oscar) Meshkati

FLOM Holdings Inc.

Name of Contact Person

5415 Lake Howell Rd. #323

Address

Firm/ Company

Winter Park, FL 32792

City/ State and Zip Code

oscarmeshkati@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney L. Scanlon - c/o Hodgson Russ LLP	,716	848-1538
Colline J. Scanoli a Chergeon Metter	at (
Name of Contact Person	Ar s a Co	xle & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Fiorida Department of State:

🚺 \$35 Filmg Fee

□\$43.75 Filing Fee & IS Certificate of Status C (/

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 PAGE 03/07

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Articles of Amendment to Articles of Incorporation of

FLOM Holdings Inc.

(Name of Corporation as currently filed with the Florida Dept, of State)

P17000050984

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The ne	W
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain t word "chartered," "professional association," or the abbreviation "P.A."	on he

B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	ال 7	
	JH 15	
C. <u>Enter new mailing address, if applicable;</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	AH 8:	Ш С
	36	

D. Hamending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Nome of New Registered Agent

(Florida street address)

New Registered Office Address:

(Cir.)

, Florida_ (Z:p Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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 officar/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 Mike Jones <u>V</u> X Remove <u>sv</u> Saliy Smith <u>X</u> Add Address Type of Action Title Name (Check One) 5415 Lake Howell Rd, #323 Oscar Meshkati D Change 1) l Winter Park, FL 32792 Add Remove 5415 Lake Howell Rd. #323 Oscar Meshkati PST 2) Change Winter Park, FL 32792 Add Kemove 5415 Lake Howell Rd. #323 Asghar Meshkati D Change 31 Winter Park, FL 32792 Add Remove 5415 Lake Howell Rd. #323 Asghar Meshkati PST Change 4) Winter Park, FL 32792 XAdd Remove 5) Change Add Remové ൭ Change Add Romove

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E.	If amending or adding additional Arti	cles, enter change(s) here:
	(Attach additional sheets, if necessary).	

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) at	foption:,	if other than th
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dute)	
Note: If the dute inserted in this t document's effective date on the De	block does not meet the applicable statutory filing regulrements, this date will no apartment of State's records.	nt be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were st	apped by the shareholders. The number of votes cast for the amondment(s) efficient for suproval.	
The amendment(s) was/were ap next he separately provided fin	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cash	for the amendments) was/were sufficient for approval	
by	(voling strup)	
,	(voting group)	
action was not required.	apted by the bound of directors without shareholder action and shareholder upted by the incorporators without shareholder action and shareholder	
L) The amendment(s) was/were ad action was not required.		
June <u>17</u> Dated	2017	
Signature	Manne	-
r Rv a	infector, intestient of other billeer a it therefore of othere in the fait doen	
seleci hppoi	ed, by an incorporator - if in the bands of a rocciver, trustee, or other court need fideciary by that fiduciary)	
	Asglur Mesikati	
	(Typed or printed nume of person signing)	_
	Director Mana	
	(Title of person signing)	

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