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R. WHITE AUG 23 2018 2018 AUG 20 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ZAIN GROUP IN	VESTMENTS, INC.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are si	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Tim A. Hamed		
	·	Name of Contact Persor	n
	TIM A. HAMED, CPA, P.A		
		Firm/ Company	
	15310 Amberly Dr., Suite 25	• •	
	<u> </u>	Address	
	Tampa, FL 33647		
		City/ State and Zip Code	e
tímba	med@yahoo.com		
	- -	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Tim A. Hamed CPA		at (<u>813</u>	514-2905
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ane Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

ZAIN GROUP INVESTMENTS, INC.		2018 AUG 20 PM 1: 01
(<u>Name</u>	of Corporation as currently	
P17000053065		SECRETARY OF STATE TALLAHASSEE, FL
	(Document Number of Comments)	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this F	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp." "Inc." or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent ar new registered agent and/or the new	<i>OFFICE BOX)</i> 1d/or registered office addre	ss in Florida, enter the name of the
Name of New Registered Agent		
	19205 PELICAN RIDGE LA	ANE
	(Florida strve	t address)
New Registered Office Address;	TAMPA	, Florida
		ity) (Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regist		h and accept the obligations of the position.
	Signature of New Reg	ristered 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 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	<u>PT</u>	<u>John De</u>	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>mes</u>	
<u>X</u> Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Clicck One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	DIANA J. QATAMESH	19205 PELICAN RIDGE LANE
Add	- -	_		TAMPA, FL 33647
X Remove				
2)Clamge		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	ling or adding additional idditional idditional sheets, if necessor	y). (Be specific)			
	 .				
			•		
					
				 -	
					
					
				<u> </u>	
c		ي سرد ۽ .و.	11		
n an ame provisio	endment provides for an easy for implementing the a	xenange, rectassificati mendment if not conta	on, or cancellation of lined in the amendme	nt itself:	
(if ne	ot applicable, indicate NA)			
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
<u></u>					

	foption:	if other the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed :
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the skircholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) efficient for approval.	
	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 cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
Dated <u>8</u> -	16-2018 Masm	
selected	ireçlor, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other count ed fiduciary by that fiduciary)	
	YASMIN J. SOUFAN	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	