P1700005829/

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M. H. ORLANDO	GROUP INC
DOCUMENT NUMBER: P17000058291	
2000MENT NOMBER: 1177000030231	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Name of Contact Person
M. H. ORLANDO GROUP INC	> _
	Firm/ Company
4981 W COLONIAL DRIVE	
	Address
Orlando, FL 32808	
	City/ State and Zip Code
ORLANDOGMCENTER@AOI	L.COM
	ess: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
MAHER ZAZA	at (407) 520-8300
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

M. H. ORLANDO GROUP INC			
(Name of Corpora	tion as currently filed wit	h the Florida Dept. of State)	
P17000058291		·····	
(Doc	cument Number of Corpora	ition (if known))	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		llorida Profit Corporation adopt	ts the following
A. If amending name, enter the new name	ne of the corporation:		
			The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association,	Corp," "Inc," or "Co". A pro		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		MAHER ZAZA	
		1303 SARIDINIA CT	7 BC
		DAVENPORT, FL 33896	32 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MAHER ZAZA	PH 4: 5
		1303 SARIDINIA CT	0 7
		DAVENPORT, FL 33896	
D. <u>If amending the registered agent and new registered agent and/or the new</u>			of the
Name of New Registered Agent:	MAHER ZAZA		
	1303 SARIDINIA CT (Florid	a street address)	_
New Registered Office Address:	DAVENPORT (C	ity) , Flori	da 33896 (Zip Code)
New Registered Agent's Signature. if cha	nging Registered Agent:		, , ,
I hereby accept the appointment as register	ed agent. I am familiar with	and accept the obligations of the	ə position.
(2 (ignature of New Registered	d 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	e:				
<u> X</u>	Change	<u>PT</u>	<u>John</u>	<u>Doe</u>	
<u>x</u>	Remove	¥	<u>Mike</u>	<u>Jones</u>	
<u> X</u>	Add	<u>sv</u>	Sally	<u>Smith</u>	
Type of (Check (<u>Title</u>		Name	Address
1)	Change	Р	_	MOHANED S KAWAR	4981 W COLONIAL DRIVE
	Add				ORLANDO, FL 32808
<u>x</u>	Remove				
2)	Change	P	_	MAHER M. ZAZA	4981 W COLONIAL DRIVE
<u> </u>	Add				ORLANDO, FL 32808
	Remove				
3)	Change				
	Add				
	Remove				
4)	Change		_		
	Add		-		
	Remove				
5)	Change		-		
	Add				
	Remove				
6)	Change				
·/	Add	-	-		
	Remove				

M. H. ORLANDO GROUP INC E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)	ATX1
	 -
F. If an amendment provides for an exchange, reclassification, or cancellation of interpretation provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ssued shares. t itself:

M. H. ORLANDO GROUP INC The date of each amendment(s) adoption: other than the date this document was signed.	ATX1 , if
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be as the document's effective date on the Department of State's records.	e listed
Adoption of Amendment(s) (CHECK QNE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/1/2017	
Signature / / / /	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other could	:t
appointed fiduciary by that fiduciary)	
MOHANED S KAWAR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	