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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: NAS-SHUVO FA	STWAY INC	
DOCUMENT NUME			
	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	MDNASIRUL SHUVO		
•		Name of Contact Person	1
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	17102 US 41		
		Address	 -
	LUTZ FL 33549		
•		City/ State and Zip Code	e
HARS	HA.TAS@GMAIL.COM		V
<u></u>	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea		
Name o	f Contact Person	at () de & Daytime Telephone Number
	the following amount made		
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NAS-SHUVO FASTWAY INC.			
(Name of Corporation as curr	ently filed with the Florid	da Dept. of State)	
P17000074537			
(Document Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corpor	ation adopts the follo	owing amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>		
			The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviation	or "Co". A professional	incorporated" or ti corporation name n	he abbreviation
B. Enter new principal office address, if applicable:			- 4
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			100 Pm
			5-1-5-F
		 	第 四
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- <u> </u>
			3 10
			
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office add. 		the name of the	
	16,55.		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
(Florida	a street address)		
New Registered Office Address:		, Florida	··
	(City)	I	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent. I am famili		igations of the positi	ion.
Signature of Ne	ew Revistered Avent, if cha	ngino	

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 udditional 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.

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	VP	AMIRUL ISLAM	9604 NW 49TH STREET
✓ Add			SUNRISE
Remove			FL 33351
2) Change			
Add			
Remove			
3) Change			-
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u></u>	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the shares of the same of the
(if not applicable, indicate N/A)	nument if not contained in the amendment viseir.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date))
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	g statement u(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and slaction was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	nolder
09/21/2017 Dated	
(By a director, president of other officer – if directors or officers have a selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	not been ther court
MDNASIRUL SHUVO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	