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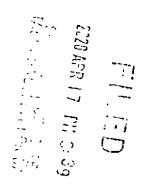
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ANAR CITY O	RUANDO INC	<u>C</u> .	
DOCUMENT NUM	P1800000911			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Noushin Vafaie			
	Noushin Vafaie	Name of Contact Person	<u></u>	
	1818 BOBTAIL DRIVE	Firm/ Company		
	MAITLAND, FL 32751	Address		
		City/ State and Zip Code	:	
	noushin2005@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Noushin Vafaci		407 at (758-9091 _)	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

ANARCITY ORLANDO INC

(Name of	Corporation as current	ly filed with the Flor	ida Dept. of State)		
P18000000911						
	(Document Number e	of Corporation (if kno	wn)			
Pursuant to the provisions of section 607.1 (as Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corpo	oration adopts the (followin	ig amen	idment(s) (
A. If amending name, enter the new na	me of the corporation:					
					The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co "chartered," "professional association,"	orp," "Inc." or "Co"	A professional corpo	porated" or the aboration name mus.	breviatio Contai	on "Co	rp., "
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>						_
					زئ	
				-==: -		
C. Enter new mailing address, if applic	able:				APR	
(Mailing address MAY BE A POST O	<u>PFFICE BOX</u>)			- [7	
				<u> </u>		
				- ,	2.5	()
				<u> </u>	رب <u>.</u>	
D. If amending the registered agent and			r the name of the		Ô	
new registered agent and/or the new	registered office address NOUSHIN VAFAIE	<u>s:</u>				
Name of New Registered Agent					_	
					_	
	(Florida st	reet address)				
New Registered Office Address:		Winn)	, Florida		Code)	
		(Cuy)		(Etp	Coacy	
New Registered Agent's Signature, if ch	anging Registered Agen	t:				
I hereby accept the appointment as registe			obligations of the p	osition.		
	M Va Lu'C Signature of New 1)			_	
	Signature of May 1	Vanietored Agont if c	hanging			

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One) 1) Change	<u>Title</u> P	Name ABOOTALEB VAFAIE	Address 1818 BOBTAIL DRIVE, Manhand, FL 32751	
Add _X Remove				
2) Change Add	PS ——	NOUSHIN VAFAIE ———————————————————————————————————	1818 BOBTAIL DRIVE, Maitland, 14, 32751	
3) Remove Add				
Remove 4) Change Add				
Remove 5)ChangeAdd				
Change Add				

	ing additional Arti	(Be specific)			
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	rovides for an excl	nange, reclassifica	tion, or cancellati	on of issued share	<u>S.</u>
f an amendment p		<u>nament ii not con</u>	itained in the ame	nument jisen:	
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f an amendment p provisions for imp (if not applical	ble, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	fier amendment file date)
(no more than 90 days c	ifter amenament fite aate)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	•
(voting group)	
Dated 3/1/20	
Signature A. Vafule	
(By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
ABOOTALEB VAFAIE	
(Typed or printed name o	f person signing)
PRESIDENT	
(Title of person signing)	