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COVER LETTER

* TO: Amendment Section Division of Corporations $_{\mathrm{SUBJECT:}}$ NEW MID TOWN INC DOCUMENT NUMBER: P18000007898 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FATEMA T. AHMED ZOHRA Name of Contact Person Firm/Company 3283 KIRK RD. #5 LAKE WORTH, FL 33461 City/State and Zip Code KOSTO02@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FATEMA T. AHMED ZOHRA at 561 618-7505

Name of Contact Person at Code & Daytime Telephone Number Enclosed is a check for the following amount: **3** \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy □ \$52.50 Filing Fee, Certificate of Status & Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

FILED

Articles of Amendment

Articles of Incorporation

18 JUN | 1 PM |: 38

SECRETAL Y CONTE

NEW MID -	TOWN PAINCES TELLINDA
(Name of Corporation as currently	r filed with the Florida Dept. of State)
P150000	7398
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3283 KIRK RD. #5 LAKE WORTH, FL 3-3461
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1253 KRK RO. JUST LAKE WORTH, EC 32461
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the

new registered agent and/or the new registered office address:

Name of New Registered Agent	FAIL PILL ALL	110 10118
	3283 KIRK RO	1 5
_	(Florida street address)	
New Registered Office Address:	LAKE WORTH	, Florida 3346/
	(Cip)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

FATEMA TUZ AHMED ZEHRA

4. Signature of New Registered 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)

٠:

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: XChange	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Saliv</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	AYESAA, IMMEV	WEST PAUS BUT, FU 33A
Add			WEST PAUS BUT, FU 3 34
Remove			
2) <u>+</u> Change <u>+</u> Add	DPS	FATEMA T. MIMED ZULKA	3283 KIRK RD. 25 5 LAKE WURIN TO 33461
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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			of issued shares	
f an amendment provides for an excl	hange, reclassificat	ion, or cancellation	mana lanalfi	
provisions for implementing the ame	hange, reclassificat indment if not cont	ained in the amend	ment itself:	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclussificat indment if not cont	ained in the amend	ment itself:	
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provisions for implementing the ame	hange, reclassificat indment if not cont	ion, or cancellation tained in the amend	ment itself:	

The date of each amendment(s) adoption:	6	5	if other than the
date this document was signed.	1		. If other than the
Effective date <u>if applicable</u> ;	(no more t	han 90) days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the State's recor	applic ds.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHF</u>	ECK ONE)		
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders proval.	. The	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §	shareholder group entitle	rs thro ed to s	ugh voting groups. The following statement vote separately on the amendment(s):
"The number of votes east for the amend	iment(s) wa	is/were	sufficient for approval
by	ne group)	·	
☐ The amendment(s) was/were adopted by the baction was not required.		ctors	without shareholder action and shareholder
The amendment(s) was/were adopted by the ir action was not required. Dated	ncorporator:	s with	out shareholder action and shareholder
Signature FATEM,	A TI	(2)	AHMED ZOHRA
(By a director, presid	porator – if	in the	er – if directors or officers have not been hands of a receiver, trustee, or other court
	FA1.	M)	ame of person signing) TOTA A TOTA TOT
(T	yped or pri	nted n	f person signing) Sula Shuthala
	(*)	l itle o	1 person signing) 1 Sula Shuttool