P180000116404

(Re	equestor's Name)	
(Ad	idress)	
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(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LATIFH INC		-
DOCUMENT NUME	P18000016404		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Mohamad Abdelqader		
		Name of Contact Perso	n
		Firm/ Company	
	2121 nw 45th AVE		
	Address COCONUT CREEK FL 33066		
		City/ State and Zip Cod	e
TAX@	DRAPIDTAXES.NET		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MOHAMAD ABDEL	QADER	954 at (6388028
_ 		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Fiting Fee	S43.75 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)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

LATIFH INC	
(Name of Corporation as	s currently filed with the Florida Dept, of State)
P18000016404	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
NA	The new
name must be distinguishable and contain the word "e" ("Corp.," "Inc.," or Co.," or the designation "Corp." "word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	235 71ST STREET
(Principal office address MUST BE A STREET ADDRES	MIAMI BEACH FL 33141
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of	NA
new registered agent and/or the new registered offic	ee address:
Name of New Registered Agent NA	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	red Agent: 1 familiar with and accept the obligations of the position.
Signatur	e 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)

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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPSD	LATIFH AHMAD	2021 NW 45TH AVE
Add			COCONUT CREEK
X Remove			FL 33066
2) Change	PTS	MOHAMAD ABDELQADER	2021 NW 45TH AVE
X Add			COCONUT CREEK
Remove			FL 33066
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
<u>If an amendment provides for an exch</u>	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ly not apprecase; material (may)	

	08/09/2018	
The date of each amendment date this document was signed.		, if other than the
Effective date if applicable:	08/18/2018	
meetive date <u>it appreame</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this one Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment are sufficient for approval.	(8)
	e approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
08/09 Dated Signature	1/2018	
(B)	y a director, president or other officer – if directors or officers have not been lected, by an/incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	
	MOHAMAD ABDELQADER	
	(Typed or printed name of person signing)	
	Р	
	(Title of person signing)	