## P18000044968

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	(dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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SECRETARY STATE

Amend

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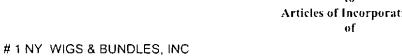
I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: # 1 NY WIGS &	BUNDLES, INC	
DOCUMENT NUME	P18000046968		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RIAD ELKHATIB		
		Name of Contact Persor	1
		Firm/ Company	
	4422 FLORA VISTA DR		
	ORLANDO FL 32837	Address	
	,	City/ State and Zip Code	<u> </u>
SONI	A@GSTOLLEY.COM		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
RIAD ELKHATIB		at (	928-6899
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r 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)
Ame Divi P.O.	hing Address Endment Section Sion of Corporations Box 6327 Shassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301

## **Articles of Amendment** to Articles of Incorporation



	Articles of Incor of	rporation	Manus - T
NY WIGS & BUNDLES, INC			<u>※ 2 C</u>
	Corporation as currently	filed with the Florida Dept. of State)	
8000046968	(P)	S	95.6
	(Document Number of C	orporation (II known)	9
rsuant to the provisions of section 607.16 Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following	g amendment(s) to
If amending name, enter the new name	ne of the corporation:		
A	_		The new
	tion "Corp," "Inc," or "Co	" "company," or "incorporated" or the a o". A professional corporation name must A." 4422 FLORA VISTA DR	
Enter new principal office address, if applicable:			<del></del>
rincipal office address <u>MUST BE A ST</u>	KEET ADDKESS )	ORLANDO FL 32837	
Enter new mailing address, if applications (Mailing address MAY BE A POST O			
If amending the registered agent and		ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	RIAD ELKHATIB 		-
-	4422 FLORA VISTA DR		_
	(Florida stree		
New Registered Office Address:	ORLANDÓ FL	32837 , Florida	
	(0	C(y) (Zip	Code)

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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	AMER ZINA	1411 SAND LAKE RD #B
Add			ORLANDO
X Remove			
2) Change	VP	MHD KHALED HAMMAMIEH	9602 ATWOOD RD
Add			VIENNA VA 22182-1404
X Remove			
3 ) Change	P	RIAD ELKHATIB	4422 FLORA VISTA DR
X Add			ORLANDO FL 32837
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)
	·
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	•

	07/24/2018	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
	07/24/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,	)
	is block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the and e sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendment	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and s	harcholder
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharel	holder
07/24/ Dated		
Signature /	Lad Elku15	
sel	a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	RIAD ELKHATIB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	