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Certified Copies	Certificates	of Status
Special Instructions to		
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ARINAH SERVIC	CE CORP	
DOCUMENT NUMB		<u>.</u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ABRAHAM ZIADEH CPA		
		Name of Contact Person	n
	ABRAHAM ZIADEH CPA	PA	
	 	Firm/ Company	
	9000 SHERIDAN STREET	#117	
		Address	······································
	PEMBROKE PINES, FL 336	024	
		City/ State and Zip Cod	e
ahrah	am@ziadehcpa.com		
	,	sed for future annual report	notification)
	is-min address, (to be a	sed for rutare annual report	nonneuron,
For further information	concerning this matter, pleas	se call:	
abraham@ziadehcpa.c	com	at (651-1410
Name 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:
□ \$35 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			Address Iment Section
Division of Corporations		Division of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARINAH SERVICE CORP	
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P18000053430	
(Doc	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3 <u>0X</u>)
	7018 NO
	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	
Name of New Registered Agent	
	(Florida street address) (7)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: I am familiar with and accept the obligations of the position.
Si	gnature 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.

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>	Name	Address
1) X Change	P	ALIYA ALI	6800 SW 22ND CT
Add			MIRAMAR, FL 33023
Remove			
2) Change	P	AMJAD MOHAMED	6800 SW 22ND CT
Add			MIRAMAR, FL 33023
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			
kemove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	1/2018	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, to partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amend ficient for approval.	ment(s)
☐ The amendment(s) was/were approvided for must be separately provided for	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	tatement):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	."	
-, 	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shar	eholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sharehol	der
10/31/2018		
Dated	Kur Al	
(By a di selecteo	recor, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	ALIYA ALI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	