P18000053776

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JEUSETARY OF STATE

MR 08 5018

COVER LETTER



TO: Amendment Section Division of Corporations 2818 AUS -2 AM 11: 51

NAME OF CORPORATION: Amer Whole Sale Inc. DOCUMENT NUMBER: P18000053776				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Amer Zaman				
Amer Wholesale Inc				
Firm/ Company				
16 Farson Lane				
Palm Coast Fl 32317 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amer Saman at 386, 315 3144 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

E to bits
EURI. TARY OF SALL
DEVISION OF CORRORATION

Λ . .	Articles of In	corperation (_	TELÉ SUC. O	
Amer Wholes	sale, I	nc	2818 AUG -2	AMII: 51
P1800005377	poration as current	ly filed with the Flo	rida Dept. of State)	
(Document Number o	of Corporation (if kno	own)	
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corp	porution adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of	the corporation:			
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or	"Co". A profession		
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)		16 Fa Palm 3231	rgm Lan Coast Fi 7	<u>e</u> !
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>EBOX</u>)	16 For Palm	arson La Coast F	Lne -L
		<u> </u>		
D. If amending the registered agent and/or re- new registered agent and/or the new regis			er the name of the	
Name of New Registered Agent				_
	(Florida st	rect address)	64M (4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_
New Registered Office Address:			, Florida	
		(City)		p Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	i <mark>g Registered Agent</mark> gent. – I am familiar	t: with and accept the o	obligations of the position	t.
	Signature of New I	Registered Agent, if c	hanging	_

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	PT John D	<u>oc</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	\$V Sally S	<u>mith</u>	
Type of Action (Check One) 1) Change	Title	Farson Saman	Address 16 Farson Lane Jacksonville FL
Add Remove 2) ChangeAdd	P	Amer Saman	32217 16 Farson Lan Palm Coast FL
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Change Add			
Remove			

Attach additiona	adding additional And sheets, if necessary,). (Be specific)	ngets/ itee.			
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				-		
provisions for	t provides for an ex implementing the an icable, indicate N/A)	change, reclassif nendment if not o	ication, or cance contained in the a	lation of issued shomendment itself:	iares,	
				<u>-</u>		
		<u> </u>		•		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-24-18	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Umer Jaman	
(Typed or printed name of person signing)	
Amer Saman (Typed or printed name of person signing) President	
(Title of person signing)	