## P18000056731

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JUL 0 6 2018 S. YOUNG

## COVER LETTER \*

Division of Corporations
NAME OF CORPORATION: FUHS OF WELLINGTON INC,  DOCUMENT NUMBER: P18000056731
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  LINTON SQUARE CLEWERS.  Firm/ Company  1541 South Congress Are.  Address  Delvay Beach, FL - 33445  City/ State and Zip Code  FUHS 1541 a gmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FAMA2 A. KHAN/ at (5/6), 435-8/08  Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)

Mailing Address

TO: Amendment Section

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

10

## Articles of Incorporation of

FUHS of Wellin	aton I	- -NC.			
PISODY) 51-121	ation as currently i	filed with the Florid	Dept. of State)		
(Doc	cument Number of C	Torporation (if known	<del></del>		
Pursuant to the provisions of section 607,1006, Flor		•		Howing omand	mant(c) to
its Articles of Incorporation:	rida Statutes, this re	онии ггоји Согроги	num adopts the foi	nowing amend	nenu(s) to
A. If amending name, enter the new name of the	e corporation:				
				The n	CH'
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Ce	)". A professional c			
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>					-
			;	<b>5</b> % &	- }
C. Enter new mailing address, if applicable:					- ≣ -71
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )		•	A S	
			<del></del>	me i	
				E /	= 0
D. If amending the registered agent and/or registered agent and/or the new register		ss in Florida, enter <u>t</u> l	ne name of the	REDA	<del>4</del> 8
Name of New Registered Agent				<u>.                                    </u>	
				- <del></del>	
	(Florida street	t address)			
New Registered Office Address:	16,	iny	Florida	(Zip Code)	_
				•	
New Registered Agent's Signature, if changing F	Dogistared Agents				
I hereby accept the appointment as registered agen		th and accept the obli	gations of the posi	ition.	
Si	ignature of New Rey	sistered Agent, if char	ging		

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>F7.</u>	John Doc	
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>	Address
1) Change	P	BHATTI, SABIRA A.	3660 Miromontes Ci
Add Remove			wellington, H-3341
2) Change Add	F	CHAN FAYYAZ A.	3660 Miramontes Ci.
Remove 3.) Change Add			
Remove			
Add			
5) Change Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

	ticles, enter change(s) here: (Be specific)
	<u> </u>
	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
tno more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	vill 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 6/29/18 Signature and war of UP	
Signature (Market Market) (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)	<u>)</u>
HAMID B BHATTI	
(Typed or printed name of person signing)	
· U - P ·	
(Title of person signing)	