P18000044021

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400364894134

04/27/21--01017--015 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AROOSHA AND	BENJAMIN FAMILY EN	TERPRISES		
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DR. SAFEER TARIQ BHAT	דרו			
		Name of Contact Person	1		
	AROOSHA AND BENJAMIN FAMILY ENTERPRISES				
	Firm/ Company				
	16704 SW 36TH STREET				
		Address			
	MIRAMAR FLORIDA 3302	7			
		City/ State and Zip Cod	e		
	BHATTIFIRM@GMAIL.CC	ЭМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, please BHATTI		<u>564-2165</u>		
Name of Contact Person		at (610) 564-2165 Area Code & Daytime Telephone Number			
Enclosed is a check fo	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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 ?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

AROOSHA AND BENJAMIN FAMILY ENTERPRISES

(<u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept. of State)		
P18000064621				
· · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
NIA SOUTH FLORIDA INC.		Thenew		
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word I."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		16704 SW 36TH STREET		
		MIRAMAR FLORIDA 33027		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16704 SW 36TH STREET		
		MIRAMAR FLORIDA 33027		
		4 S ₁		
		-0 ;;		
If amending the registered agent an new registered agent and/or the new registered agent and registered agent and registered agent ag		Idress in Florida, enter the name of the		
Name of New Registered Agent	DR. SAFEER TARIQ B	and the second s		
	16704 SW 36TH STREE	TT ST		
	(Florida	street address)		
New Registered Office Address:	MIRAMAR	. Florida 33027		
		(City) (Zip Code)		
New Registered Agent's Signature, if o	hanging Registered Age	nt·		
		r with and accept the obligations of the position.		
	Signature of New	Registered Agent, if changing		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
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	CEO	DR. SAFEER TARIQ BHATTI	16704 SW 36TH STREET
Add			MIRAMAR FLORIDA 33027
Remove			
2) X Change	CFO	NOOR SEHAR BHATTI	16704 SW 36TH STREET
Add			MIRAMAR FLORIDA 33027
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamara			

tach additional sheets, if necessary)	. (Be specific)				
			11	· · · · · · · · · · · · · · · · · · ·	
·					
			*. *.		
					
	. <u>.</u>				
					
an amendment provides for an ex- rovisions for implementing the an	:hange, reclassific	cation, or cance	llation of issued :	<u>shares.</u>	
(if not applicable, indicate N/A)	endinent ii not co	manieu in the	intendinent itsei	<u></u>	
		· · - · · · · · · · · · · · · · · · · ·			 -
					
	·				

	option:	, if other than
date this document was signed. APR Effective date if applicable:	IL 21, 2021	
	(no more than 90 days after amer	adment file date)
Note: If the date inserted in this bl document's effective date on the De		ing requirements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes Ticient for approval.	cast for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately o	
"The number of votes cast t	or the amendment(s) was/were sufficient for a	pproval
by		,"
	(voting group)	
APRIL 19 2 Dated	021	
Signature		
selected	rector, president or other officer – if directors of a incorporator – if in the hands of a receited fiduciary by that fiduciary)	or officers have not been ver, trustee, or other court
1	DR. SAFEER TARIQ BHATTI	
-	(Typed or printed name of person si	gning)
I	PRESIDENT	
-	(Title of person signing)	

the

the