P18000064699

(Rec	juestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

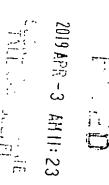
Office Use Only



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R. WHITE APR 11 2019



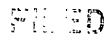
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PHENIX HOLIDA	YS INC		
DOCUMENT NUMB	BER: P18000064699			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	TAREQ MAHMUD			
		Name of Contact Persor	1	
	PHENIX HOLIDAYS INC			
		Firm/ Company		
	4711 PRAIRIE POINT BLVD			
		Address		
	KISSIMMEE,FL.34746			
	City/ State and Zip Code			
	10-05			
tareqi	neaven1978@gmail.com			
	h-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
TAREQ MAHMUD		321 at (900-6125 de & Daytime Telephone Number	
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 Piling 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		Street Address Amendment Section		
	ision of Corporations . Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PHENIX HOLIDAYS INC.

2019 APR -3 AH 11: 23

(Document Number of Corrsuant to the provisions of section 607.1006, Florida Statutes, this F starticles of Incorporation: If amending name, enter the new name of the corporation: Inc. "If amending name, enter the new name of the corporation: Inc. "Inc." or Co." or the designation "Corp." "Inc." or "Cord" "chartered," "professional association," or the abbreviation "F" Enter new principal office address, if applicable:	The new company," or "incorporated" or the abbreviation for A professional corporation name must contain the
arsuant to the provisions of section 607.1006, Florida Statutes, this F Articles of Incorporation: If amending name, enter the new name of the corporation: une must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cord "chartered," "professional association," or the abbreviation "F	The new company," or "incorporated" or the abbreviation for A professional corporation name must contain the
Articles of Incorporation: If amending name, enter the new name of the corporation: Immediately must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cord "chartered," "professional association," or the abbreviation "F	The new
me must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "C ord "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation of A professional corporation name must contain the
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation of A professional corporation name must contain the
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord "chartered," "professional association," or the abbreviation "F	'o". A professional corporation name must contain the
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
tFlorida stree	et address)
New Registered Office Address:	, Florida
10	Cityr (Zip Coder
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
	gistered 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
\underline{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	Т	SALMA KHANAM	4711 PRAIRIE POINT BLVD
XAdd			KISSIMMEE, FL.34746
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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f an amendment i	provides for an exch	unna raclussificat	tion or concellatio	n af icenad charac	
	plementing the ame	ndment if not cont	tained in the amen	<u>d or issued saares,</u> dment itself:	
provisions for im	Adams and the same Made	<u> </u>			
provisions for im (if not applica	inie, maicaie NA) –				
provisions for imp	ioie, maicaie (VA)				
provisions for imp	mie, maicaie N'A)				
provisions for imp	mie, maicaie NA)			-	
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provisions for imp	mie, maicaie NA)				
provisions for imp	mue marcare NA)				

The date of each amendment(s) ado date this document was signed.	ption;	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will ritment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appro- must be separately provided for ea	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
		
Signature $\pm \epsilon \overline{\mathcal{U}}^{Z}$	en realimed	
(By a dire selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_
T.	AREQ MAHMUD	
	(Typed or printed name of person signing)	
וין	RESIDENT	•
_	(Title of person signing)	