P18000088053

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: UNIVERSITY KV	WIK STOP INC	
	BER: P18000088053		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	МОНАММАД М. RAHMA	.N	
		Name of Contact Perso	n
	UNIVERSITY KWIK STOP		
		Firm/ Company	
	4375 N. UNIVERSITY DR		
		Address	
	SUNRISE, FL 33351		
		City/ State and Zip Cod	e
mmle	.baba@gmail.com		
	- -	sed for future annual report	notification)
	3	and the factor than the part	
For further information	concerning this matter, pleas	se call:	
MOHAMMAD M. R.	A LINA A NI	054	404 0244
		at (
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check to	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)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

'U:	VIV	/ER	SIT	Υ	KW	ΊK	ST	'OΡ	INC
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P18000088053 (Document Number of Co		a Dept. of State)		
(Document Number of Co				
	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	orida Profit Corpora	tion adopts the following amendment(s) t		
A. If amending name, enter the new name of the corporation:				
N/A		The new		
name must be distinguishable and contain the word "corporation," "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	. A professional c			
B. Enter new principal office address, if applicable:	N/A			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		20		
		E A TI		
		2		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
		# D		
		- 25 - 25 - 25		
D. If amending the registered agent and/or registered office address	s in Florida, enter t	he name of the		
new registered agent and/or the new registered office address:				
Name of New Registered Agent N/A				
(Florida street	address)	<u> </u>		
ATLA		, Florida		
New Registered Office Address: N/A		(Zip Code)		

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:

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	e. ana sai <u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPD	SHAKHOWT H. BHUIYAN	8311 Sands Point Blvd #R310
X Add			Tamarac, FL 33321
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

^{&#}x27;(Attach additional sheets, if necessary)

	sheets, if necessar,	v). — (Be specifi	c)			
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. If an amendmen provisions for i	t provides for an emplementing the a	xcnange, rectas imendment if no	ismeation, or c of contained in	the amendmen	ssued snares, t_itself:	
	cable, indicate N/A					
:/A						
	-					
						
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		·				

DECEMBER 14, 2018	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
·	
Effective date if applicable:	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for a by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The funds to be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast 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 action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
DECEMBER 14, 2018 Dated	
Signature Mythemmed M Rehner	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
MOHAMMAD M. RAHMAN	
(Typed or printed name of person signing)	
VICE PRESIDENT	

(Title of person signing)