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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pars Can Investment INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mokaberi, Sanaz Name of Contact Person Pars Can Investment NC: Firm/Company 3109 Grand Ave, Suite 525 Address Miami, Fl, 33133 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Nokaberi Sanal at (786) 584-7373
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 S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) \$352.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

Articles of Amendment to Articles of Incorporation of

PARS CAN INV	'estment	Inc	2.	
(Name of Corporati	on as currently file	d with the Flo	orida Dept. of Stat	<u>e</u>)
D190000 18225				
(Docun	nent Number of Corp	oration (if kn	iown)	-
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florid</i>	la Profit Cor _l	poration adopts the	following amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co" or the designation "Corp. word "chartered," "professional association," or the	" "Inc," or "Co".	A profession	r "incorporated" (nal corporation nar	or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
D. If amending the registered agent and/or register		Florida, ent	er the name of the	· · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new registered		110110111111111111111111111111111111111		E:
Name of New Registered Agent				نې
		· · · · · · · · · · · · · · · · · · ·		9: 72
	(Florida street add	dress)	<u></u>	
New Registered Office Address:			, Florida	
New Registerea Office Maaress.	(Cny)		, Florida	(Zip Code)
New Registered Agent's Signature, if changing Reg	vistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with a	nd accept the	obligations of the p	osition.
Sien	nature of New Registe	red 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
_ Add			
Remove			
2) Change	JP.	SDB Canada in	Vestment 3109 Grand Ave Suite 535
Add Remove			F1 33133
3) Change	CFO	MOHSEN M	AKANRAD 3109 Grand Ave H 535
Add Remove			Miami FL 33133
4) Change			
Add			
5) Change			
Add Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s

The date of each amendment(s) ac	doption:	if other than th
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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(flicient for approval.	s)
	proved by the shareholders through voting groups. The following statemeach voting group entitled to vote separately on the amendment(s):	eni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Aug	21,2019	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	Sanaz Lokabbeyu (Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	