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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

	HTKE	R FNTFRA	PRISE TNC	
NAME OF CORPORAT	110N: 7/ ± 1/ ± 1/ ± 1/ ± 1/ ± 1/ ± 1/ ± 1/ ±	22221120	PRISE. INC	
DOCUMENT NUMBER	R:	000 3 47 7	<u></u>	
The enclosed Articles of	Amendment and fee are sub	mitted for filing.		
Please return all correspon	ndence concerning this mat	er to the following:		
	K	AMRUL CA	YOW DHURY	
_	Name of Contact Person			
Firm/Company 1288 RIDGE WOOD CIR				
		Address		
/	ROYAL PALM	BEACH, F	L 33411	
		City/ State and Zip Code	e	
K	AMRUSO @	GMAIL.	Com	
		ed for future annual report		
For further information co	ncerning this matter, please	call:		
KAMRU	L CHOWDA	HURY 561	306.1768	
Name of C	ontact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p	ayable 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)	
	Address		Address	
	nent Section of Corporations		ment Section on of Corporations	
P.O. Bo	•		Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

HIKER E	NTERP	RISE.	INC	, , , , , , , , , , , , , , , , , , ,
(Name of Corporation)
		3495		
		orporation (if know		 .
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corpo	ration adopts the fi	ollowing amendmer
A. If amending name, enter the new name of the con	rporation:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc." or "Co	". A professional		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u>x</u>) .			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter	the name of the	
Name of New Registered Agent				
	(Florida street	nddress)		
New Registered Office Address:	(Ci.		, Florida	(Zin Cada)
	(C.	<u> </u>		(zip Cow)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with	and accept the ol	bligations of the po	sition.
Sione	ature of New Reai	stered Agent, if ch	anoino	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 officeld, 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P EFTAKER CHOWDHUR	1 502/ MANCHIA
Add	•	LAKE WORTH, FU 3
Remove		
2) Change	P ABOUL HAKIM	
Add		WELLINGTON, FL3
Remove	V KAMRUL CHOWDHURY	2248 RIDGE WOOD
3) Change	The property of the party of th	ROYAL PALM BEAC
Remove		FL, . 33411
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	nending or adding additional Art th additional sheets, if necessary).	(Be specific)				
					-	
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					.	
			 	<u> </u>	•	
c _	amendment provides for an excl	nange, reclassific	ation, or cancell	ation of issued s	h <u>ares,</u>	
<u>ran</u>	visions for implementing the ame	<u>ndment if not co</u>	ntained in the ar	<u>nendment itselt:</u>	•	
prov	Alf not applicable indicate N/AA					
prov	(if not applicable, indicate N/A)					
prov	(ij not applicable, indicate N/A)			 		
prov	(ij not applicable, indicate N/A)			 		
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prov	(ij not applicable, maicate N/A)					

The date of each amendment(s) adoption:		, if other than
date this document was signed. Effective date if applicable:	6/13/2019	
	(no more than 90 days after amendment file date	:)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirement of State's records.	ats, this date will not be listed as
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amor approval.	nendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendme	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	(voting group)	
((voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and	shareholder
action was not required.	he incorporators without shareholder action and share	cholder
Dated	3/19 Haleile.	
Signature Kasji	Haleile.	
(By a director, proselected, by an in	resident or other officer – if directors or officers have ncorporator – if in the hands of a receiver, trustee, or ary by that fiduciary)	
	KAZI A HABI	В
	(Typed or printed name of person signing)	,
	Dinector	
	(Title of person signing)	

. . . .