## P 190000 64556

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEST HUMMUS	S ACHLA CORP				
DOCUMENT NUMBER: P19000064556					
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
MAHMOUD DARSULAIN	MAHMOUD DARSULAIMAN				
	Name of Contact Person				
	Firm/ Company				
3410 EMERALD POINTE	DR APT # 301A				
	Address				
HOLLYWOOD, FL 33021					
	City/ State and Zip Code				
HUMMUS0ACHLA@GMA	HUMMUS0ACHLA@GMAIL.COM				
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, ple					
MAHMOUD DARSULAIMAN	at (786 ) 603-7093  Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:				
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

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## Articles of Amendment to Articles of Incorporation of

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## BEST HUMMUS ACHLA CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P19000064556	(H)		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	10143 W. OAKLAND PARK BLVD		
	SUNRISE, FL 33351		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10143 W. OAKLAND PARK BLVD		
	SUNRISE, FL 33351		
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address  Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	. Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
Signature of New 1	Registered Agent, if changing		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (H) (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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	SHAHRAZAD DARSULAIMAN	5024 HAYES STREET
Add			HOLLYWOOD, FL 33021
Remove			
2) X Change	V	MAHMOUD D DARSULAIMAN	3410 EMERALD POINTE DR #301 A
Add			HOLLYWOOD, FL 33021
Remove 3 ) Change	-1-11-7		
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
δ) Change		<u> </u>	
Add			
Remove			<del></del>

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
SHAHRAZAD DARSULAIMAN OWNS 60% OF THE COMPANY'S SHARES, ASSETS AND OBILGATIONS.
MAHMOUD DARSULAIMAN OWNS 40% OF THE COMPANY'S SHARES, ASSETS AND OBLIGATIONS.
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment() date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:		
rate ii appicable.	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requireme Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the acceptance sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
(12/27/2 Dated	020	
Signature	MANOOF	
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	MAHMOUD DARSULAIMAN	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	