

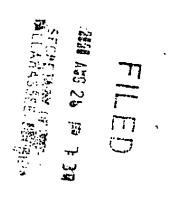
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEST HUMMUS	ACHLA CORP.			
	BER: P19000064556				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	MAHMOUD D. DARSULA	IMAN			
	Name of Contact Person				
		Firm/ Company	. ,		
	3410 EMERALD POINTE DR APT # 301A				
		Address	_		
	HOLLYWOOD, FL 33021				
		City/ State and Zip Cod	e		
	HUMMUSACHLA@GMIA	L.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
MAHMOUD D. DA	RSULAIMAN	786 at (603-7093		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
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

Articles of Amendment to Articles of Incorporation of

BEST HUMMUS ACHLA CORP.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000064556	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	**************************************
(Florida stree	et address)
New Registered Office Address:	Florida 🚉
(6)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	2
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	بن خ عا

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1)Change	PTD	GUY WEBER	10143 W OAKLAND PARK		
X Add			BLVD. SUNRISE, FL 33351		
Remove					
2) X Change	PTD	MAHMOUD D. DARSULAIMAN	3410 EMERALD POINTE DR		
Add			APT 301 HOLLYWOOD		
Remove	PT	SHAHRAZAD DARSULAIMAN	FL 33021		
3) Change			5024 HAYES STREET HOLLYWOOD, FL 33021		
X Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
MAHMOUD D DARSULAIMAN 50% OF THE COMPANY'S SHARES, ASSETS AND OBLIGATIONS.
GUY WEBER 50% OF THE COMPANY'S SHARES, ASSETE 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 eac date this docume	h amendment(s) a ent was signed.	doption:	, if other than the
Effective date <u>if</u>	f applicable:		
		(no more than 90 days after amendment file date)	 -
Note: If the dat document's effection	te inserted in this b ctive date on the Do	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of An	nendment(s)	(CHECK ONE)	
The amendme action was no	ent(s) was/were ado et required.	pted by the incorporators, or board of directors without shareholder action an	id shareholder
☐ The amendme by the shareh	ent(s) was/were add olders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
тизі ве зера	raieiy proviaea jor	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The nu	imber of votes cast	for the amendment(s) was/were sufficient for approval	
by		(voting group)	
	08/18/2020 Dated		
	selected	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	;	SHAHRAZAD DARSULAIMAN	
	-	(Typed or printed name of person signing)	
	1	T	
	-	(Title of person signing)	