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TALL ATABLE OF

177 SEP 23 PK 12: 5

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEST HUMMUS	ACHLA CORP.				
	BER: P19000064556					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following	<u>;</u> :			
	MAHMOUD D. DARSULA	IMAN				
Name of Contact Person						
	HUMMUS ACHLA INC.					
		Firm/ Comp	any			
	658 W. HALLANDALE BEACH BLVD					
	Address					
	HALLANDALE BEACH, FL 33009-5331					
		City/ State and Z	Zip Code			
	HUMMUS.ACHLA@GMAI	L.COM				
	E-mail address: (to be us	sed for future annua	l report n	otification)		
	on concerning this matter, plea.			603-7093		
Name	of Contact Person	at (Area Code) 603-7093 c & Daytime Telephone Number		
	or the following amount made					
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing I Certified Copy (Additional cop enclosed)	y is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314		Division The Cer 2415 N.	ddress nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

BEST HUMMUS ACHLA CORP.

2022 SEP 23 PH 12: 53

	2012 3L1 23 PF 12: 53
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P19000064556	PALL AND THE
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
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 MAY BE A POST OFFICE BOX	VI
(muning names) SIAT BE A TOST OF THE BOX	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
new registered again and of the new registered o	//// #W.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Mysikita Ogik Chiaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent.—I	I am familiar with and accept the obligations of the position.
C:	ture of New Registered Agent, if changing
Signa	ture of New Registered Agent, if changing
Check if applicable	

 \Box 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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	RAMI N. ALEFEN	12481WESTHAMPTON CIR
XAdd			WELLINGTON, FL 33414
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional s	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific) OF THE COMPANY'S SHARES, ASSETS AND OBLIGATIONS
AAHMOUD DARSU	LAIMAN: 65% OF THE COMPANY'S SHARES, ASSETS AND OBLIGATIONS.
	• · · · · · · · · · · · · · · · · · · ·
•	
	
	
If an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for imp</u>	elementing the amendment if not contained in the amendment itself: ble, indicate N/A)
*	
	

date this document was signed.	s) adoption:	if other
S		
Effective date if applicable:	(m. m. d. m. 00 1 m. c. d.	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be liste
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	_
"The number of votes of by	rast for the amendment(s) was/were sufficient for approval (voting group)	1 1 hm 2022 SEP 23
DatedSignature	(voting group) 1/8/2022 MAN 00/7	3 PH 12: 53
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court bointed fiduciary by that fiduciary)	
	MAHMOUD DARSULAIMAN	
	(Typed or printed name of person signing)	
	PTD	
	(Title of person signing)	