Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

From:

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Account Number : I20110000092 Phone : (305)448-9584 : (305)448-9569 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SINHA ENTERPRISE INC.

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Corporate Filing Menu

Help

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

COVER LETTER

Division of Corporations NAME OF CORPORATION: SINHA ENTERPRISE INC. DOCUMENT NUMBER: P19000088596 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARIF UZZAMAN Name of Contact Person SINHA ENTERPRISE INC. Firm/ Company 6101 NE 4TH CT Address MIAMI, FL 33137 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 302-2285

Area Code & Daytime Telephone Number ARIF UZZAMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & S52.50 Filing Fee ☐\$43.75 Filing Fcc & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

SINHA ENTERPRISE INC.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ntly filed with the Florida Dept. of State)
P19000088596	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 a new registered agent and/or the new registered office additional and/or the new registered office and/or the new	ddress in Florida, enter the name of the
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 ((11) (e), F.S.

Example:

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	MOHAMMED H RASHID	217 NW 8 AVE 208
Add			HALLANDALLE BEACH, FL 33
X Remove			
2) Change			
Add			
Remove Change			
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Remove			
4) Change	-		<u></u>
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The date of each amendment(s) adoption:, if other than the
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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
10/01/2020
Dated
Signature (In) Use eman
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ARIF UZZAMAN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)