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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

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

Fax Number : (305)448-9569

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN A SAOUD P.A.

Certificate of Status	0
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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## COVER LETTER

NAME OF CORPORATION: A SAOUD P.A. P20000018441 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ABDERRAHIM SAOUD Name of Contact Person A SAOUD P.A. Firm/ Company 8640 SW 125TH TER Address MIAMI, FL 33156 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ABDERRAHIM SAQUD Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$**35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

A SAOUD P.A.				
(Name of Corporal P20000018441	ion as currently fil	ed with the Florida	Dept. of State)	
(Docu	ment Number of Co	poration (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Flori	da Profit Corporatio	n adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the of ABDERRAHIM SAOUD P.A.	orporation:			
name must be distinguishable and contain the word "c" Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A pro	any," or "incorporat fessional corporatio	ed" or the abbrevio n name must com	The new ation "Corp.," tain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	e: DRESS)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				20 HAR 1
D. If amending the registered agent and/or registe new registered agent and/or the new registered	office address:	i Florida, enter the	name of the	المد الموادية المارية
Name of New Registered Agent				
<del></del>	(Florida street ada	iress)	<del></del> :	05
New Registered Office Address:	•	<b>,</b>	Eiid-	
The state of the s	(City)		, Florida (Zip	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<mark>istered Agent:</mark> l am familiar with ai	d accept the obligati	ons of the position.	
Signa	ture of New Register	ed Agent, if changing	3	<del>-</del>
Check if applicable  If The amendment(s) is/are being filed pursuant to s. 6	07.0120 (11) (e), F.S	<b>3</b> .		

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	PT	John Doc		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		~ 1
Type of Action (Check One)	<u>Title</u>	<u>Nam</u> ç	Address	ZO MAIN
1) Change	-			
Add				
Remove				
2) Change				
Add				
Remove 3) Change		- <u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
б) Change				·
Add				
Remove				

[amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an excha-	nge, reclassification, or cancellation of issue Iment if not contained in the amendment its	ed shares.
(if not applicable, indicate N/A)	ancar a my contained in the americanent it	<u> </u>
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The data of each amount	03/11/2020	
The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	foes not meet the applicable statutory filing requirements, this tent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted I action was not required.	by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	nt(s)
☐ The amendment(s) was/were approved must be separately provided for each was a separ	by the shareholders through voting groups. The following state coting group entitled to vote separately on the amendment(s):	meni
"The number of votes cast for the	amendment(s) was/were sufficient for approval	2/2 20
by	<u> </u>	20 MAR
	(voting group)	一 " 等 有
03/11/2020 Dated	Λ —	2 1
Signature Plane		C. C
(By a director,	president or other officer - if directors or officers have not beer	
selected, by a	n incorporator - if in the hands of a receiver, trustee, or other conciary by that fiduciary)	urt
ABDE	RRAHIM SAOUD	
	(Typed or printed name of person signing)	
PD		
<del></del>	(Title of person signing)	<del></del>