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COVER LETTER

TO: Amendment Section Division of Corporations HIGHARUPTSHAN INC. NAME OF CORPORATION: P20000052830 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Rahim R Noguera Dob. 500 Please return all correspondence concerning this matter to the following: HIGHARUP.TSHAN INC. 3721 SW 47TH AVE WEST PARK FL 33023
City/ State and Zip Code higharupt Shan@amail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: \$52.50 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

HIGHAAUPTSHAN INC.

P20000052830

(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	; amendment(s) to				
A. If amending name, enter the new name of the corporation:					
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	The new n "Corp.," 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent					
(Florida street address)					
New Registered Office Address:, Florida	ode)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	20 BEC -7				
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.	9: 28 9: 28				

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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) K Change	_ρ	RAHIM & NOGUERA-DOBS	
Add			West Park FL 33023
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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lf an amandmant musidas for an ava	ahoura rashaniGostion on annuallation of insued shows
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

.

The date of each amendment(s) adoption:	December Ist, 202	. if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block doe document's effective date on the Departmen		ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	he incorporators, or board of directors v	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to		east for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voi		
"The number of votes cast for the a	mendment(s) was/were sufficient for ap	proval
by		"
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	voting group)	
Dated 12 - 1 -	2020	
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	n Dabam	
	esident or other officer - if directors or	
•	ncorporator – if in the hands of a receiv	er, trustee, or other court
appointed fiduc	iary by that fiduciary)	
	RahimR. Noguera (Typed or printed name of person sig	-Dobson
	(Typed or printed name of person sig	gning)
	President	
	(Title of person signing)	