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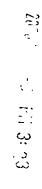
(Requ	estor's Name)	<u> </u>
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DEC 15 2070 ! ALBRITTON

COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	RATION:	Masaul	MBA-PA.
DOCUMENT NUME	ber: <u>{2000</u>	059849	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Amin	Mason	
	Ami	Name of Contact Person	- EF HUHON. Associates
	2250 su	Firm/Company 3 Ave -	-EF HUHON. Associates # 500 M FC 33129
	Miami	Address A-331	79
		City/ State and Zip Code	2
	Am, rawasa E mail address: (to be us	ovd real ESTA ed for future annual report	te Quinci, Com
For further information	n concerning this matter, pleas	se call:	
A VIII Name o	MaSou) of Contact Person	at (7 % 6 Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made [payable to the Florida Depa	urtment of State:
\$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of the	corporation :
Hmira Masoud W	1BA PA
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
NASCOUS VIA	AN 120000059849
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
Amira Masoud P.	
name must be distinguishable and contain the word "corporation,"	The new company " or "incorporated" or the abbreviation "Corp."
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A	A professional corporation name must contain the word
'chartered," "professional association," or the abbreviation "P.A."	, , , , , , , , , , , , , , , , , , , ,
3. Enter new principal office address, if applicable:	9761 SW 147" St_
Principal office address MUST BE A STREET ADDRESS)	Miami KU 33176
	Milana Do Doile
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	हो
	<u></u>
 If amending the registered agent and/or registered office add- new registered agent and/or the new registered office address 	
new registered agent and/or the new registered office induses.	•••
Name of New Registered Agent	<u>్ల</u>
	చ
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u> /
hereby accept the appointment as registered agent. I am familiar v	with did accept the obligations of the position.
// \	
***	1 VUm A
Simultana of Man. D	Projectered 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.

X Change	<u>b,L</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach adammai s	heets, if necessary).	ticles, enter change(: (Be specific)			
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lf an amendment :	orovides for an exc	hange, reclassificati	on, or cancellation	of issued shares.	
provisions for im	plementing the am-	endment if not conta	ained in the amend	ment itself:	
(if not applica	ble, indicate N/A)				
			<u> </u>		
			/		
		/	-		
		/			
		/			

The date of each amendment(s) adoption:date this document was signed.	11-5-2020	, if other than the
Effective date if applicable:	11-5-2020	
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does a document's effective date on the Department o	not meet the applicable statutory filing requiren of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the approval.	amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting	he shareholders through voting groups. <i>The follog group entitled to vote separately on the amenda</i>	owing statement ment(s):
11	endment(s) was/were sufficient for approval oting group)	
selected, by an inc	sident or other officer – if directors or officers has corporator – if in the hands of a receiver, trustee, by by that fiduciary)	
	(Typed or printed name of person signing)	
(Ouvly (FD) (Title of person signing)	