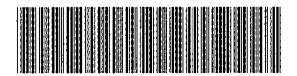
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(Requestor's Name)
•
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Catalinate Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



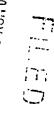


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2020 EOV 20 PH 2: 17

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PENSACOLA MOBIL	LE INC			
	_ 			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		į		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		}		Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Cinnatura				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	11/20/20			UCC 1 or 3 File
	11/20/20			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PENSACOLA MC	BILE INC	
DOCUMENT NUME	P20000083212		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	SAMIR LAYEB		
		Name of Contact Persor	1
	PENSACOLA MOBILE INC		
		Firm/ Company	
	6209 MOBILE HWY		
		Address	
	PENSACOLA, FL 32526		
		City/ State and Zip Code	e
	rakan_od@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
SAMIR LAYEB		at (<u>813</u>	998-4275
Name o	of Contact Person	Агеа Со	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PENSACOLA MOBILE INC

TENSACODA MODILO INC	CLASSIC CLASSIC
	filed with the Florida Dept. of State)
P20000083212	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new ompany," or "incorporated" or the abbreviation "Corp.," 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)	202
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	56
(Florida stree	et address)
New Registered Office Address:	, Florida
(1	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second sec	
Signature of New Re,	egistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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:		uy Smun, Sv as an Aaa.	720
X Change	<u>PT</u>	John Doe	70 _V
X Remove	$\underline{\mathbf{v}}$	Mike Jones	20
<u>X</u> Add	<u>sv</u>	Sally Smith	AH.
Type of Action (Check One)	Title	Name	Address & &
1) Change	VP	KHALIL BENMOHAMED	6209 MOBILE HWY
Add			PENSACOLA, FL 32526
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)			
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		2021 NOV 20	
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			ė.
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,		<u> </u>	}
provisions for implementing the amendment if not contained in the amendment itself:		$\dot{\infty}$	٠.,
(if not applicable, indicate N/A)		56	
		· · · ·	—
		-	
			_

The date of each amendment(s) adoption:		, if o	other than the
Cffective date <u>if applicable</u> : (no more than 90 days after amendment file date)			
(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, ocument's effective date on the Department of State's records.	, this date w	vill not be	listed as the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehol action was not required.	der action a	ind shareh	older
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	ndment(s)		
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment "The number of votes cast for the amendment(s) was/were sufficient for approval		2020 KOV 20	, j
by" (voting group)		20	Emilia Emilia E
		AH	
Dated_11/19/2020	; · · ; · · ; · · ; · · · ; · · · · · ·	8: 56	h sunt
Signature S.LAGEB			
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)			
SAMIR LAYEB			
(Typed or printed name of person signing)			
PRESIDENT			

(Title of person signing)