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Division of Corporations

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: (850)617-6380

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: MOSTAFA HOSSAIN Account Name Account Number : 120190000040 : (302)761-0181 Fax Number · : (305)570-1727

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ANA MONI INC

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COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: ANA MONLINC		
DOCUMENT NUM	* D51000010074	<u> </u>	
The enclosed Articles	s of Amendment and fee are sub	bmitted for filing.	. ,
Please return all corre	espondence concerning this mat	tter to the following:	
	NITAI SAHA		
	ANA MONLING	Name of Contact Person	
		Firm/ Company	· ·
	485 B NW 54TH ST		
	MIAMI, FL 33127	Address	
		City/ State and Zip Code	
	HASSOCIATESPA@GMAII	L.COM	
	-	sed for future annual report notification)	
For further informati	on concerning this matter, pleas	: se call:	· .
NITAI SAHA		786 219-9192	٠.
Name	of Contact Person	Area Code & Daytime Telephone Num	ber
Enclosed is a check i	for the following amount made p	payable to the Florida Department of State:	
\$35 Filling Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
An Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

To:

Page: 3 of 6

Articles of Amendment to Articles of Incorporation of

ANA MONLINC	
(Name of C	Corporation as currently filed with the Florida Dept. of State)
P21000019875	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06. Florida Statutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name	e of the corporation:
	The new
"Inc.," or Co.," or the designation "Corp" chartered," "professional association;" or	e word "corporation," "company," or "incorporated" or the abbreviation "Corp.," p," "Inc," or "Co". A professional corporation name must contain the word the abbreviation "P.A."
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)	EET ADDRESS)
· · · · · · · · · · · · · · · · · · ·	<u> </u>
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	
D. If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Florida, enter the name of the
	egistered writes additess.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere.	nging Registered Agent: ed agent. I am familiar with and accept the obligations of the position.
<u></u>	Signature of New Registered Agent, if changing
	and the same of th
Check if applicable	(07.0170 (11) () 7.7

From: Mostafa Hossain

Fax: 13055701727

To:

Fax: (850) 617-6380

Page: 4 of 6

05/25/2021 11:38 AM

		:						
		<i>,</i> .						
If amending the Offi	cers and/or	Directors, enter th	e title and nar	ne of each o	fficer/direc	tor being renso	ved and title, na	me, and
address of each Offic	cer and/or I	Director being adde	d:	•				
(Attach additional she								
Please note the officer	r/director tit	tle by the first letter o	of the office title	2.				
P = President; V = V	ice Presiden	ii; T= Treasurer; S=	 Secretary: D: 	= Director; '	TR= Trustee	:; C ≠ Chairma	n or Clerk: CÉO	= Chie
Executive Officer; CF	O = Chief F	inancial Officer. If	an officer/direc	tor holds mo	re than one	title, list the firs.	t letter of each of	Tice held
President, Treasurer,	-	,					, ,	
Changes should be no a change, Mike Jones	leaves the	corporation, Sally Sq	nith is named t					
Mike Jones, V as Rem	tove, and Sa	illy Smith; SV as an A	ldd.					
Example: X Change	PT	John Doe						
X Remove	Y	Mike Jones						
V Visi	. 577	Cally Carriely						

X Remove	$\mathbf{\underline{v}}$	Mike Jone	<u>es</u>			
X Add	<u>sv</u>	Sally Smi	<u>th</u>			
Type of Action (Check One)	_ Title	1	<u>Vame</u>			Address
1) Change	VP		TARIQ MAJEE	D	·	485 B NW 54TH ST
X Add						MIAMI, FL 33127
Remove						
2) Change						· · · · · · · · · · · · · · · · · · ·
Add		• • • •		<i>.</i>		
Remove 3) Change						
Add						· <u>· · · · · · · · · · · · · · · · · · </u>
Remove		•				
4) Change Add		 , ,				
Remove						
5) Change	. ·			·		·
Add		•				<u> </u>
Remove						
6) Change Add		<u>:</u>	····		· · ·	
_			•			

From: Mostafa Hossain

Fax: 13055701727

'n.

Fax: (850) 617-6380

Page: 5 of 6

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E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	(s)-nere:			
<u> </u>		<u></u>	<u> </u>	<u></u>	<u> </u>
	<u> </u>		· · · · · · · · · · · · · · · · · · ·		. ·
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			e vertet		·
		,			
			<u> </u>		
F. If an amendment provides for an exch	ange, reclassifica	tion, or cancell	ation of issued sh	ares,	
provisions for implementing the ame (if not applicable; indicate N/A).	nament it not cor	itaineo m the a	menament itseit:		•
		"- * · · ·	e e e e e e e e e e e e e e e e e e e		
				··· · · · -	
	. , , ,			· · · · · ·	
	:				

The date of each amendment(s) adoption	on: <u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u> _:		, if other than the
date this document was signed.					
Effective date if applicable:					
	(no more tha	n 90 days after a	mendment file	date)	<u></u>
			;	•	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the ap nent of State's record	plicable statutory s.	/ filing require	ments, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
☐ The amendment(s) was/were adopted	by the incorporators,	or board of direc	tors without sh	archolder action	and shareholder
action was not required.					
■ The amendment(s) was/were adopted by the shareholders was/were sufficie		The number of v	otes cast for th	e amendment(s)	
_			• .	· ·	
☐ The amendment(s) was/were approved must be separately provided for each					
"The number of votes east for th	e amendmentlet ime	Swere sufficient f	or onnessed		
by	ic amendine may was	were surrement	or approvat		
	(voting group)	,	·		
05/24/2021 Dated					
Signature -	Approximate .				
(By a directo selected, by	r, přésident or other (an incorporator – if i	i the hands of a r	ors or officers leceiver, trustee	have not been	
appointed fic	dúciary by that fiduci	ary)			
NITA	AI SAHA				
	(Typed or print	ed name of perso	n signing)		
PRE	SIDENT				
Management	(Title of persor	ı signing)			· · · · · · · · · · · · · · · · · · ·