## P2100032498

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





700439128187

SECRETARY OF STATE TALLAHASSEE, FL

2024 HOV 12 AM 10: 56

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Qazi Kamal Sha Name of Contact Personal Address  Peshawar, KP 25000 City/ State and Zip Contact Personal Address: (to be used for future annual reports)	
Please return all correspondence concerning this matter to the following:  Qazi Kamal Sha Name of Contact Personal Prim/ Company  Muallah Qazian, Ladi Address  Peshawar, KP 25000 City/ State and Zip Company  eaglecarrental4@gma  E-mail address: (to be used for future annual reports)	
Qazi Kamal Sha Name of Contact Pers  Firm/ Company  Muallah Qazian, Ladi Address  Peshawar, KP 25000 City/ State and Zip Co  eaglecarrental4@gma  E-mail address: (to be used for future annual repo	
Firm/ Company  Muallah Qazian, Ladi  Address  Peshawar, KP 25000  City/ State and Zip Company  eaglecarrental4@gma  E-mail address: (to be used for future annual reports)	
Muallah Qazian, Ladi Address  Peshawar, KP 25000 City/ State and Zip Co  eaglecarrental4@gma E-mail address: (to be used for future annual repo	
Muallah Qazian, Ladi Address  Peshawar, KP 25000 City/ State and Zip Co  eaglecarrental4@gma  E-mail address: (to be used for future annual repo	son
Peshawar, KP 25000 City/ State and Zip Co  eaglecarrental4@gma  E-mail address: (to be used for future annual repo	
Peshawar, KP 25000 City/ State and Zip Co  eaglecarrental4@gma  E-mail address: (to be used for future annual repo	Arbab
City/ State and Zip Control Co	
eaglecarrental4@gma E-mail address: (to be used for future annual repo	DPK YEO
E-mail address: (to be used for future annual repo	ode A
	ill.com
	ort notification)
For further information concerning this matter, please call:	ode TALLAHAM ort notification) TALLAHAM FL
Qazi Kamal Shahat (818	
Name of Contact Person Area 6	Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida De	epartment of State:
■ \$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)	Section 252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 The	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

	of	
	Black Bear Corporation	
(Name of Corporation	on as currently filed with the Florida Dept. of State)	
	P21000032498	
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the co	orporation:	
	The	new .
	orporation," "company," or "incorporated" or the abbreviation "C " or "Co". A professional corporation name must contain the eviation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	20P4 NOV
	ALL ALL	_5
	HAA.	
	red office address in Florida, enter the name of the office address:	_2 A
D. If amending the registered agent and/or register new registered agent and/or the new registered	office address in Florida, enter the name of the	AH 10: 56
		5
Name of New Registered Agent		1 0
	(Florida street address)	
V D : 1000 111		ĺ
New Registered Office Address:	, Florida	<del></del>
New Registered Agent's Signature, if changing Reg	tistered Agent: I am familiar with and accept the obligations of the position.	
т петео, иссертте ирролитет из тединетей идет.	i am jamiliar with and accept the obligations of the position.	
		1
Signa	ature of New Registered Agent, if changing	j

Check if applicable

<sup>☐</sup> 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)

Example:

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 Jo</u>	ohn Doe		
X Remove	<u>V</u> <u>M</u>	like Jones		
X Add	<u>SV</u> <u>Sa</u>	ally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	CFO	<del></del>	Muhammad Atif	5463 Gateway Village Cir Suite 103
Add				Orlando, FL 32812
X Remove				
2) Change				·
Add				<del></del>
Remove 3) Change				SECRETAR TALLAH
Add				ATTAR 172
Remove				<i>"</i> ",
4) Change				OF STAT
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)		
much dualitorial affects, y necessary). (Oc specyle)		
		ł
	<del></del>	
		l
	<del></del>	
	<del></del>	
		ľ
		- 1
		- 1
		1
		ľ
	SECRETARY OF S TALLAHASSEE.	İ
	SECRETARY OF STALLAHASSEE	1
	EÑ 2	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	生気に	ر آر
(if not applicable, indicate N/A)	(0)	
	m m	ē
	S.F.L.	); 56
		Ĭ
		-
		ļ

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this be ocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
Dated 10 -	-06-24	2024 NOV 12 AM 10: SECRETARY OF S TALLAHASSEE.
Signature	16-24	A NOV 12 AM 10: ECRETARY OF STALLAHASSEE.
(By a di	rectors president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court	- 880 星 単
appoint	ed fiduciary by that fiduciary)	EE, ST
	Qazi Kamal Shah	56 FL
	(Typed or printed name of person signing)	त्त
	CEO	
	(Title of person signing)	_