P2200066008

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SECRETARY OF STATE TALLAHASSEE, FL

 W_{\nearrow}

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FOUR BROTHER	S BUSINESS INC		
	BER: P22000066008			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	NAZIM RATANI			
		Name of Contact Person	n	
Please return all correspondence concerning this matter to the following: NAZIM RATANI Name of Contact Person Firm/ Company 6363 JOHNSON ST Address HOLLYWOOD, FL 33024				
	6363 JOHNSON ST			
	HOLLYWOOD, FL 33024			7. 2.33
		City/ State and Zip Cod	e	
	AHSBIZ@GMAIL.COM			ALLAHASSEE,
	E-mail address: (to be us	sed for future annual report	notification)	SS
For further information	on concerning this matter, pleas	se call:		EE, FL
NAZIM RATANI		at (954	849-1350	 [11]
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
S35 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)	
Am Div P.C	iling Address sendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

2023 APR 20 PM 1:

Articles of Amendment to to Articles of Incorporation

FOUR	BROTHERS	BUSINESS I	NC

FOUR BROTHERS BUSINESS INC	
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P22000066008	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut ts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The new
	tion, ""company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
	7023 7023
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Frincipal office address stoot BLASTREET ADDRESS	
	1
	——————————————————————————————————————
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	#월 듯
	1''
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Mark to the state of the state of	
Name of New Registered Agent	
(F)	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
hereby accept the appointment as registered agent. I am fi	umiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
	· · · · · · · · · · · · · · · · · · ·

Check if applicable

 \square 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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	2023 APR 20 SECRETARN TALLAHA
\underline{X} Remove	\underline{V}	Mike Jones	LLAI
X Add	<u>SV</u>	Sally Smith	AASS
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	PR 20 PM 1: 25 ECRETARY OF STATE TALLAHASSEE, FLAP Address Address 20840 NW 17TH AVE A
1) Change	DIR	NOWSHED P. ADIL	20840 NW 17TH AVE AP 734 34
Add			MIAMI GARDENS, FL 33056
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

The date of each amendment	(s) adoption: 04/13/2023	, if otl	ier thai	the
date this document was signed			•	
Effective date if applicable:	(no more than 90 days after amendment file date)		_	
	ino more inan 90 days after amenament fite dates			
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	l not be l	isted a	s the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	i sharehol	lder	
☐ The amendment(s) was/wer by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	SE.	202	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	CRETA	APR 2	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	AY O	2ú Pi	
by	(voting group)	SECRETARY OF STATE TALLAHASSEE, FL	2023 APR 20 PM 1: 25	
Dated 04/13	/2023	• • •		
Signature	AT-			
(H	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)			
	NAZIM RATANI			
	(Typed or printed name of person signing)			
	Prosidient			
	(Title of person signing)			