## P2200066858

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





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MOHSEN DESIG	N GROUP INCORI	PORAT	ED
	IBER: P22000066858			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following	<b>;</b> :	
	MOHSEN MOHAMMADI			
		Name of Contact	t Persor	1
	MOHSEN DESIGN GROUP	'INCORPORATED	)	
		Firm/ Comp		
	2202 N. Westshore Blvd., Su	•	,	
		Address		
	Tampa, Florida 33607			
		City/ State and Z	ip Code	!
	ziba@mdginc.us			
	E-mail address: (to be us	sed for future annua	l report	notification)
	on concerning this matter, plea:			
Ziba Mohammadi	<del></del>	at (		de & Daytime Telephone Number
Name	of Contact Person	٨	trea Coo	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Flori	đa Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing I Certified Copy (Additional copy enclosed)		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MOHSEN DESIGN GROUP INCORPORATED

FILED

(Name of Corporation as curre	<u>ntly filed with the Florida Der</u>	ot. of Sere
P22000066858		SECRETALS 21 PM 2:39
(Document Number	r of Corporation (if known)	TALLAHASSE STATE
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation :	
A. If amending name, enter the new name of the corporation:		
NA		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.:	A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office ac	ddress in Florida, enter the na	ime of the
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
		<del></del>
tFlorida -	street address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	·nt:	
hereby accept the appointment as registered agent. I am familia	ir with and accept the obligatio	ns of the position.
Signature of New	Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (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: X Change	<u> 74</u>	John Do	<u>u</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn		
Type of Action (Check One)	<u>Title</u>		Name	<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		_	· · ·	
Add Remove				
Kemove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary), (Be specific)	
Article III - Add the additional purpose for which this Corporation is organized:	
A Professional entity practicing the profession of Professional Engineering	
·	
<del> </del>	
<u>.                                    </u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

.

	8/16/2024 tion:	, if other than th
date this document was signed. 8/16/20	7.1	
Effective date if applicable:		
	(no more than 90 days after amendment file d	(ate)
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirentment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes east for the ient for approval.	amendment(s)
	ed by the shareholders through voting groups. <i>The follow the voting group entitled to vote separately on the amend</i>	
	the amendment(s) was/were sufficient for approval	
hv	,"	
	(voting group)	
8/16/2024		
Dated		
Signature	M. M. Simuli	
(By a direc selected, b	tor, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, fiduciary by that fiduciary)	
Zil	oa Mohammadi	
_	(Typed or printed name of person signing)	
Pre	esident	
	(Title of person signing)	