P2300005925

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





700403190587

CL. 17/L1 -01014--016 **ia.66

2023 FEB 27 AM 10: 0

Snunc

MAY 1 0 2023 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPO | ORATION: Halaalee Inc | | | _ | | |
|------------------------|--|--|--|-------------|-------------|---------------------------------------|
| DOCUMENT NUM | 1BER: P23000005925 | | | _ | | |
| | es of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | | |
| | Shafkat Khalisdar | | | | | |
| | | Name of Contact Person | 1 | | | |
| | Halaalee Inc | | | | | |
| | | Firm/ Company | | | | |
| | 1032 E BRANDON BLVD, | 8855 | | | | |
| | | Address | | | | |
| | BRANDON, FL 33511 | | | | | |
| | | City/ State and Zip Cod | e | | | |
| | halaaleeinc@gmail.com | | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | - | | |
| For further informati | ion concerning this matter, pleas | se call: | | ca (1/1 | 202 | |
| Shafkat Khalisdar | | at (<u>917</u> | 885-5410 | = 3.3 | 1023 FEB 27 | promyzy B N |
| Name of Contact Person | | at (917) 885-5410 Area Code & Daytime Telephone Nur | | ımber | (2) | |
| Enclosed is a check | for 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) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | AK 10: 07 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Ār | ailing Address nendment Section vision of Corporations | Amend | Address Iment Section on of Corporations | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

| | الا المناسبة |
|--|---|
| | Articles of Amendment to Articles of Incorporation of |
| (Name of Corpora | tion as currently filed with the Florida Dept. of State) |
| (Docu | ument Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation: | da Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the | NIA |
| name must be distinguishable and contain the word " Inc.," or Co.," or the designation "Corp," "Inc chartered," "professional association," or the abb | The new corporation," "company," or "incorporated" or the abbreviation "Corp.," c," or "Co". A professional corporation name must contain the word reviation "P.A." |
| B. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u> | |
| | NIA |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | NIA |
| If amending the registered agent and/or regist new registered agent and/or the new registered. | tered office address in Florida, enter the name of the d office address; |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| New Registered Agent's Signature, if changing Re | (City) (Zip Code) egistered Agent: I am familiar with and accept the obligations of the position. |
| Sig | nature of New Registered Agent, if changing |

Check if applicable

☐ 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:

| X Change | PT | <u>John Doe</u> | |
|-------------------------------|--------------|-----------------|---------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | FP | Moazzam Mansoob | 24953 Earlsford Dr |
| Add X Remove | | | Chantilly, VA 20152 |
| 2) Change | | | |
| Add Remove 3) Change | | | |
| Remove 4) Change Add | | <u> </u> | |
| Remove 5) Change Add | | | |
| Remove 6)ChangeAdd | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| 1 |
| NA |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| 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) |
| NIA |
| · · · · · · · · · · · · · · · · · · · |
| |
| |
| |
| |
| |

| The date of each amendment(s) adoption:date this document was signed. | , if other than the |
|---|---|
| Effective date if annicable: | |
| (no more than 90 de | ays after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | le statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or boa action was not required. | rd of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The nu by the shareholders was/were sufficient for approval. | imber of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot | |
| "The number of votes cast for the amendment(s) was/were s | sufficient for approval |
| by | ,11 |
| (voting group) | |
| Dated 2/22/23 Signature | |
| Signature 2 | |
| (By a director, president or other officer selected, by an incorporator – if in the has appointed fiduciary by that fiduciary) | - if directors or officers have not been |
| SHAFKATUL (Typed or printed nam | KHALISDAR |
| | |
| (Title of person signing | MEMBER |
| (Title of person signir | າດ) |