

P 23 000037699

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H230003258073ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : GRACE FINANCIAL CONSULTING, INC.  
Account Number : I19990000092  
Phone : (561)844-9806  
Fax Number : (561)689-1131

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
RUFADA ENTERPRISE INC**

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Corporate Filing Menu

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2023 SEP 15 PM 4:00

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RUFAIDA ENTERPRISE INC

DOCUMENT NUMBER: P23000037699

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NURUDDIN SHEIKH  
Name of Contact Person  
RUFAIDA ENTERPRISE INC  
Firm/ Company  
1998 N US HIGHWAY 1  
Address  
FT PIERCE, FL 34946  
City/ State and Zip Code  
ALLSTATIONSFL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NURUDDIN SHEIKH at ( 561 ) 512-7528  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

RUFAIDA ENTERPRISE INC

P23000037699

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), F.S.

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U.S. DEPT. OF JUSTICE  
HARRISBURG, PA.  
The new  
violation "..."  
contain the word

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:

☒ Change                      PT      John Doe

☒ Remove                      V      Mike Jones

☒ Add                      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	MD E HAQUE	212 SANDPIPER AVE
<input checked="" type="checkbox"/> Add			Royal Palm Beach, FL 33411
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	NURUDDIN SHEIKH	2166 BELLCREST CIR
<input type="checkbox"/> Add			Royal Palm Beach, FL 33411
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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(Attach additional sheets, if necessary). (Be specific)

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FALLAHLAS REFL

1  
2  
3  
4  
5  
6

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 09/15/2023, if other than the date this document was signed.

Effective date if applicable: 09/15/2023  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by NURUDDIN SHEKH  
(voting group)"

Dated 09/15/2023

Signature Nuruddin Sheikh  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

NURUDDIN SHEIKH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

STATE OF FLORIDA  
TALLAHASSEE, FL

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