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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ELSHREIF INVES	TMENT CORP.		
DOCUMENT NUMBI	P93000013855			
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.		
Please return all corresp	oondence concerning this mat	ter to the following:		
(OSAMA M. MOHAMED			
-		Name of Contact Person		
1	ELSHREIF INVESTMENT	CORP.		
-		Firm/ Company		
	PO BOX 579			
-		Address		
	PAHOKEE, FL 33476			
-		City/ State and Zip Code		
RAMO	OSE@BMHTAXES.COM		√	
-	<u> </u>	sed for future annual report	•	
For further information	concerning this matter, please	se call: 561	9247989	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
\$35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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ELSHREIF INVESTMENT CORP.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P93000013855	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A projessional corporation name musi contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	18 DCT
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida su	eet address)
V D 1 100 100 111 111	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>:</u> with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing

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 = ChiefExecutive 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:	1500	Lahu Dan			
X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
	S	OMER, SAMMY E.	869 BELLE GLADE ROAD		
1) Change			PAHOKEE, FL 33476		
Add X Remove					
2) Change	VP	YOUSSIF, SALAH	23041 SW 107 AVE		
X Add			MIAMI, FL 33170		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add	·	_			
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding a Attach additional sheets,	if necessary).	(Be specific)				
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lf an amendment provi	· 1 6	ngo roolarsifier	ution or concel	lation of issued	shares.	
provisions for implem	enting the amen	dment if not cor	itained in the a	mendment itse	lf:	
(if not applicable,	indicate N/A)					
				<u>, </u>		
				· -		_
				_		

	OCTOBER 1, 2018	, if other than the
The date of each amendment(s) add date this document was signed.	option;	, one
OCT	OBER 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ficient for approval.	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amen	lowing statement idment(s):
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and s	shareholder
OCTOBER	1, 2018	
Dated	-	
selecte	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trustee ted fiduciary by that fiduciary)	have not been e, or other court
	OSAMA M. MOHAMED	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	