

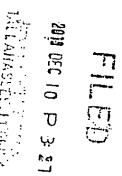
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TO: Amendment Section

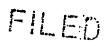
Division of Corporations NAME OF CORPORATION: MEDINA BAZAAR, INC. DOCUMENT NUMBER: P93000059394 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAHEEN MIZAN-IQBAL ESQ. Name of Contact Person IQBAL LAW LLC Firm/ Company 600 N. THACKER AVE SUITE D32 Address KISSIMMEE/FL 34741 City/ State and Zip Code IQBALLAWLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAHEEN MIZAN-IQBAL 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: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MEDINA BAZAAR, INC.		20H DEC LO CO	
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	2
P93000059394		And the overhead of the	:
	(Document Number of	of Corporation (if known)	- À
Pursuant to the provisions of section 607. is Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amenda	nent(s)
A. <u>If amending name, enter the new na</u> NA	sme of the corporation:		
· · · · · · · · · · · · · · · · · · ·		The ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	on he
B. Enter new principal office address, if applicable:		611 W VINE ST L	_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	KISSIMMEE, FL 34741	
			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		611 W VINE ST L	,
		KISSIMMEE, FL 34741	•
			-
 If amending the registered agent an new registered agent and/or the new 			
Name of New Registered Agent	MUHAMMAD MUSHT	AQ AHMED	
Hame of New Repoleted Agent	611 W VINE ST L		
	(Florida si	reet address)	
New Registered Office Address:	KISSIMMEE	34741 , Florida	
		(City) (Zip Code)	•
		(City) (Zip Code)	
New Registered Agent's Signature, if c			
rereay accept the appointment as regist	erea agem. 1.am jamiliar	with and accept the obligations of the position.	
	6-1		
	Cinneton of West	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 = 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	SYED S HUSSAIN	611 W VINE ST STE L
Add			KISSIMMEE, FL 34741
X Remove			
2) Change	D	MUHAMMAD MUSHTAQ AHMEI	611 W VINE ST STE L
X Add	,		KISSIMMEE, FL 34741
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself; BE OWNED BY MUHAMMAD MUSHTAQ AHMED
	OWN ANY SHARES AND HIS SHARES WILL BE CANCELLED.

	DECEMBER 1ST, 2018	
The date of each amendment	V., V	, if other than the
late this document was signed		
Effective date <u>if applicable</u> :	DECEMBER 1ST, 2018	
meetive date in applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date who Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wes by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
· — ·	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
12/06	/2018	
Dated Signature	An	·
\$6	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	SYED'S HUSSAIN	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	·