## P9500005828

(Requestor's Name)					
(Address)					
(Add	dress)				
(City	y/State/Zip/Phone	<del>=</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



100316459541

08/09/18--01014--025 ★★35.00



AUG 1 4 2013



## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ANIBA USA INC
DOCUMENT NUMBER: P 9500005828
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mohammed Hatem Name of Contact Person
Arigu USA Inc Firm Company
351 Porce De Leon Blvd
Brooksville, FL 34601
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)  Mhalen 352 @ gmail. com
For further information concerning this matter, please call:
Mohammed Hatem at 352, 345-6854  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Dayome Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

## FILED

	(1)		F-11_	
Ania	A USA	Inc		
(Name of Corporati	ion as currently f	filed with the Flo	rida l <b>ight</b> of State)	D 10 4=
		· ·		P & 37
(Docur	ment Number of C	forporation (if kno	SECHETARY WINTALLAHASSE	OF STATE ELEKTORION
ursuant to the provisions of section 607,1006, Florid s Articles of Incorporation:	fa Statutes, this FE	orida Profit Corp	<i>oration</i> adopts the fo	llowing amendment(s
. If amending name, enter the new name of the co	orporation:			
				The new
ame must be distinguishable and contain the wo "Corp ," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc," or "Co	i A profession	"incorporated" or al corporation name	the abbreviation must contain the
. Enter new principal office address, if applicable	le:			
Principal office address <u>MUST BE A STREET AD</u>				
			<del></del>	
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u>9X</u> )			
. If amending the registered agent and/or registe		ss i <u>n Florida, ent</u>	er the name of the	
new registered agent and/or the new registered	<u>l office address:</u>			
Name of New Registered Agent				
Nume of New Regimered Agent				
	tFlorida street	t address)		
Name Boundary and Offices Address or			, Florida	
New Registered Office Address:		Tiyo	, 1 10/10/a	(Zip Code)
		•		•
[ew Registered Agent's Signature, if changing Replaced agent, hereby accept the appointment as registered agent.	gistered Agent:  Low familiar wi	the and account the	addinations of the no	ition
петегу ассера те арролитет их гедіметей адет.	i am jumuan wa	an and accept the	magaams ey an pos	
		<del> </del>		<del></del>
Sign	nature of New Rev	nstered Agent, if i	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; F= 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>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>5</u>	GULSHAN HATEM	BROOKSVILLE, FL 34601
Remove			
2) Change			
Add			·
Remove 3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	07	- Au	<u> </u>	2013		if other than the
date this document was signed.  Effective date if applicable:	02	. Auc	<u> 1451</u>	2018		
	(no mor	e than 90 c	days afte	r amendmen	t file dater	
Note: If the date inserted in this block does no document's effective date on the Department of	ot meet th State's rec	ne applicat cords.	ble statut	ory filing re	quirements, this	s date will not be listed as the
Adoption of Amendment(s) (CH	ECK ON	<u>E</u> )				
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	sharehold pproval.	ers. The n	number of	f votes east f	or the amendme	int(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	: sharehol group en	ders throughttled to vo	igh voting ote separa	g groups. Thately on the	e following stat imendment(s):	'ement
"The number of votes east for the amer	dment(s)	was/were	sufficien	t for approv	ıl	
by					 ·	
(vot	ing group	<i>))</i>				
The amendment(s) was/were adopted by the action was not required.	board of c	directors w	vithout sh	narcholder ac	tion and shareh	older
☐ The amendment(s) was/were adopted by the action was not required.	incorpora	tors witho	ut sharch	iolder action	and shareholde	г
Dated 8 - 7 - 18						
Signature Ud. Auc	ml	Hu	tin	<u> </u>		
(By a director, pres selected, by an inco	ident or o senorator	ther office – if in the	er – 11 din hands of	a receiver, t	rustee, or other	court
appointed fiduciary						
	K	TOFIA	MME	O HAT	EM	<u></u>
				erson signing		
		PRE	ESID	ENT		
		(Title of	f nerson :	signing)		