P95000076322

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SECRETARY OF STATE OIVISION OF CORPORATIONS

Somend

MAY 23 2017 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: AL-SHAHEEN IN	STERNATIONAL INC		•	
	IBER: P95000076322				
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	NAVEED HANIF				
		Name of Contact Perso	n		
	AK BOOKKEEPING				
	Firm/ Company				
	3898 VIA POINCIANA, SUITE 15				
Address					
	LAKE WORTH, FL 33467				
		City/ State and Zip Cod	e	ON CONTRACT	
SAF	IMED@AACPAUSA.COM			7 35	
	E-mail address: (to be u	sed for future annual report	notification)	12.1 (12.1) (12.1) (12.1)	
				69 C	
For further information	on concerning this matter, pleas	se call:		25	
AMIN R ISMAIL		561 at (687 6466	17 HAY 18 PK 4: 32	
Name of Contact Person			de & Daytime Telephone Number	~ :	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
54.	tites = A Advisor	6	A 44		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

\mathbf{A}	L-SH	AHFEN	INTERNA	VOLL	INC

AL-SHAHEEN INTERNATION INC			
(<u>Name</u>	of Corporation as currently t	iled with the Florida Dept. of State)	
P95000076322			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida	prida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			24.00
	iation "Corp." "Inc," or "Co	"company," or "incorporated" or the a ". A professional corporation name must 4."	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	<u>OFFICE BOX</u>) d/or registered office addres:	in Florida, enter the name of the	SECRETARY OF STATE
Name of New Registered Agent	AMIN R ISMAIL		XS.
	1000 SW 191ST AVE		-
	tFlorida street	(uddress)	_
New Registered Office Address:	PEMPROKE PINES	, Florida	
	(Ci	(Zip)	Code)
New Registered Agent's Signature, if c	ered agent. I am Japiliar with	and accept the obligations of the position. stered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	AMIN R ISMAIL	1000 SW 191ST AVE
X Add			PEMBROKE PINES
Remove			FL 33029
2) Change	P	MOHAMMED A ISMAIL	1000 SW 191ST AVE
Add			PEMBROKE PINES
X Remove			FL 33029
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove		N	
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach additional sheets, if necessary).	(Be specific)			
			······································	
				A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

an amendment provides for an exchi	ange, reclassificatior	ı, or cancellation	of issued shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	idment if not contair	ned in the amend	ment itself:	
(i) the approximation and the second				
				<u> </u>
				

The date of each amendment(s) adoption this document was signed.	otion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloodocument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rement of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder
05/08/2017 Dated	Test
(By a direction, belocited, b	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
AM	MIN R ISMAIL
	(Typed or printed name of person signing)
PR	ESIDENT
	(Title of person signing)