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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>Traders</u>	West, Inc			
DOCUMENT NUM	BER:P960000065	75			
The enclosed Articles	s of Amendment and fee are so	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Ethe	el Khan			
		Name of Contact Perso	n		
		Firm/ Company			
	991 Dove Ave				
		Address			
	Miami_Sprin	ngs, FL., 33166			
	•	City/ State and Zip Cod	le		
	Khanethel@c E-mail address: (to be us	gmail.com sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Ethel Khan		at (305-798-6261			
Ethel Khan at (305-798)-6261 Name of Contact Person Area Code & Daytime Telephone Number			ode & Daytime Telephone Number		
Enclosed is a check fo	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)	☐S52.50 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	

		West, Inc_		
(<u>Name of</u>	f Corporation as curren	tly filed with the Florida	Dept. of State)	
P960	000006575			
		of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporat	tion adopts the follo	owing amendment(s) to
A. If amending name, enter the new name	me of the corporation:			
n/a				The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	tion "Corp," "Inc," or	"Co". A professional co	icorporated" or the orporation name m	e abbreviation ust contain the
B. Enter new principal office address, in (Principal office address MUST BE A ST		n/a		
	-			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O				
				PH 5: 1
D. If amending the registered agent and new registered agent and/or the new	registered office addre	ss:	ie <u>name of the</u>	
Name of New Registered Agent	Trisha Lalchar	ם 		
		er., Miami, FL. treet address)	, 33166	
New Registered Office Address:	n/a		. Florida	
		(City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am familian Lust Lus			on.

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V <u>PSD</u>	Saud Khan	991 Dove Ave
Add _x Remove			Miami Springs, FL 33166
2) Change	PS <u>D</u>	Ethel Khan	991 Dove Ave
Add			Miami Springs, FL
<u>x</u> Remove			-33166
3) Change	PSD	Trisha Lalchan	7212 NW 78 Terr
<u>x</u> Add			Miami, FL.,33166
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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a	-				
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					.,
lf an amandmant	provides for an exc	hanao roclassifis	itian ar cancellati	ian af issued share	•
provisions for in	plementing the amo	endment if not cor	tained in the ame	ndment itself:	<u>.,</u>
(if not applic	able, indicate N/A)				
n/a					
		-		•	-
<u> </u>	<u> </u>				
					
					
			,		

The date of each amendment(s) a date this document was signed.	doption: <u>7/12/19</u>	, if other than the
Ţ.	7/12/10	
Effective date if applicable:	7/12/19 (no more than 90 days after amendment file	data)
	(no more man so tays after amesiament file	ture)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing require epartment 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 ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the afficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The foll reach voting group entitled to vote separately on the amon	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and s	hareholder
Dated	26/19 Delle	
selecto	lirector, president or other officer – if directors or officers held, by an incorporator – if in the hands of a receiver, trustee the fiduciary by that fiduciary)	
	Trisha_Lalchan (Typed or printed name of person signing)	
	PSD (Title of person signing)	