P96000016710

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BENGALI DOCUMENT NUMBER: P960000167	, INC. 710					
The enclosed Articles of Amendment and fee are suf	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
DAVID R. FAR	BSTEIN, ESC	Q.				
	Name of Contact Person					
DAVID R. FARBSTEIN, PA						
Firm/ Company 8010 N. UNIVERSITY DR						
OUTUIN. UNIVE						
TAMARAC, FL	Address . 33321					
	City/ State and Zip Code	e				
DRF.ATTY@YAHOO.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
DAVID R. FARBSTEIN, ESQ. at (954) 586-0441						
Name of Contact Person	at (OOT	de & Daytime Telephone Number				
Name of Contact Person	Alea Co	de & Dayinne Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee	□\$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	Street	Address				
Mailing AddressStreet AddressAmendment SectionAmendment Section						
Division of Cornerations	Divisio	in of Corporations				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

MARK TO ARAS!

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000016710

(Document Number of Corporation (if known)

nendment(s) to

	the corrections			
If amending name, enter the new name of	the corporation:			
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	'Corp," "Inc," or '	'Co''. A professional	"incorporate corporation	d" or the al name must o
Enter new principal office address, if appli	icable	8717 NW	NW 50 ST	
rincipal office address MUST BE A STREET		LAUDERHI	LL, FL. 3	3351
		14172		
		17 500.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	'E BOX')			
			· ·	
			the name of	the
new registered agent and/or the new regist	tered office address	<u>:</u>	the name of	the
	tered office address	<u>:</u>	the name of	the
new registered agent and/or the new regist	tered office address	<u>:</u>	the name of	the control of the co
	tered office address	<u>:</u>	the name of	the
new registered agent and/or the new regist	tered office address	eet address)	Florida_	
new registered agent and/or the new regist Name of New Registered Agent	tered office address	eet address)	Florida_	The Zip Code)
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new registered agent and/or the new regist Name of New Registered Agent	tered office address (Florida str	eet address),	Florida_	

· 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			***
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if no	ecessary). (Be	specific)			
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f an amendi	ment provides f	for an excha <u>nge</u> .	reclassification	, o <u>r cancellati</u>	on of issued	shares,
	<u>ior implementir</u>	ng the amendme	<u>nt if not contair</u>	<u>ied in the ame</u>	<u>ndment itsel</u>	<u>[:</u>
provisions f	applicable, indic	ate N/A)				
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	6-2-14	
Signature/	6-2-14 Her. b. th	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	MONZUR H. KHAN	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	