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05/31/18--01004--003 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ____

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following;

ABDUL JANGDA

Name of Contact Person

SABA ENTERPRISES CORP OF BROWARD COUNTY

Firm/ Company

9979 MIRAMAR PARKWAY

Address

MIRAMAR FL 33025

City/ State and Zip Code

MOJAM14@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

_ at (<u>954</u>) <u>235 8196</u> Area Code & Daytime Telephone Number ABDUL JANGDA Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & □\$52.50 Filing Fee 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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)





Articles of Amendment to Articles of Incorporation of

SABA ENTERPRISE CORP OF BROWARD COUNTY

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

P96000030691

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A			The n
uame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design vord "chartered." "professional associa	ation "Corp," "Inc," or	"Co". A professional	
 <u>Enter new principal office address</u>, Principal office address <u>MUST BE A S</u> 		N/A	
 <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST</u>) <u>If amending the registered agent</u> and 	<u>OFFICE BOX</u>)	N/A	the name of the
new registered agent and/or the new			
Name of New Registered Agent	ABDUL JANGDA		
	801 SW 96TH AVE PEM	ABROKE PINES FL 33	025
	(Florida s	areet address)	
			Florida
<u>New Registered Office Address</u> :		(City)	(Zin Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

A Razzak Jans La 33 Signature of New Registered Agent, if changing

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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 CF

Example: <u>X</u> Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV Sallv</u>	<u>Smith</u>	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	OFFILER	SABA JANGDA	801 SW 96TH AVE
Add			PEMBROKE PINES FL 33025
X Remove			<u> </u>
2) Change	CFO	ABDUL JANGDA	801 SW 96TH AVE
X Add			PEMBROKE PINES FL 33025
Remove			
3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
) Change			
Remove			

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N/A

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

<u>N/A</u>

The date of each amendmen	t(s) adoption: N/A	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	N/A (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amend rere sufficient for approval.	ment(s)
	re approved by the shareholders through voting groups. The following so ed for each voting group entitled to vote separately on the amendment(s).	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and share	eholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and sharehold	der
05/2- Dated	//2018	
	A Razzale Jaryela By a director, president or other officer - if directors or officers have not	
S	By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or othe ppointed fiduciary by that fiduciary)	been er court
	ABDUL JANGDA	
	(Typed or printed name of person signing)	
	CFD	
	(Title of person signing)	