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DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

EEB ^{2,4} 2017

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: MILE GARDEN IN	<u> </u>		
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	DAVID GAYNES, ESQ			
		Name of Contact Person		
	DAVID M GAYNES PA			
	Firm/ Company			
	4327 S HIGHWAY 27 SUITE 404			
	Address			
	CLERMONT FL 34711			
		City/ State and Zip Code		
GAV	NESD@MSN.COM			
		ed for future annual report n	otification)	
	2 11411 4001030. (10 00 43	• • • • • • • • • • • • • • • • • • •	·····	
For further information	on concerning this matter, pleas	e call:		
DAVID GAYNES, ESQ		at (4044215	
Name	of Contact Person	Area Cod	e & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 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)	
Am Div P.C	iling Address lendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Division Clifton 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

NILE GARDEN INC

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

P9600008058

(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:

name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design	ation "Corp," "Inc," or	"Co". A professional corp	
word "chartered," "professional associa	tion," or the abbreviation		
B. Enter new principal office address, if applicable:		8110 COUTY RD 44	
(Principal office address MUST BE A S	TREET ADDRESS)	LEG A	
		LEESBURG, FL 34748	ļ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8110 COUNTY RD 44	
		LEG A	
		LEESBURG, FL 34748	
D. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	d Agent ISMAIL A ISMAIL		
· · ·	8110 COUNTY ROAD	44, LEG A	
	(Florida	street address)	····
New Registered Office Address:	LEESBURG		34748 , Florida
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Signature of New Registered 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 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>	<u>Name</u>	Address
1) Change	PTS	ISMAIL A ISMAIL	8110 COUNTY ROAD 44
X Add			LEG A
Remove			LEESBURG, FL 34748
2) Change		MOUSTAFA SEDDIC M.D.	58 WEST MICHIGAN AVE
Add			ORLANDO, FL 32806
X Remove			
3) Change		AKRAM ISMAIL	8110 COUNTY ROAD 44
Add			LEG A
x Remove			LEESBURG, FLORIDA 34748
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		-
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	,
	,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	JULY 19, 2010	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this t document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
2/15/17 Dated		
Signature	Lismal A lisme	
selecte	irector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	ne e e e e e e e e e e e e e e e e e e
	ISMAIL A. ISMAIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	