(Re	equestor's Name)
(Ad	ddress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: A.A.A. ADA MOVING + STORAGE, LA DOCUMENT NUMBER: P97000017872
DOCUMENT NUMBER: F9/0008 [78/2
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MUSTHFA ACIKGOZ Name of Contact Person
Name of Contact Person
A.A.A. ADA MOVING + GOAGG, WC.
A.A.A. ADA MOVING + FRONDS INC. Firm/Company P.O. Box 294068 Mailing Address Boca Ratol F. 33429 City/State and Zip Code
Mailin Address
BOCA RATON FR 33429
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MUSTAFA ACIKGOZ at (561) 239 4623 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

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

H.A.A. ADA MOVIA		b へる C を / しゃ C · iled with the Florida Dept.	of State)	
20-			of State)	1 1
 	1000C			
(Docu	ment Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	fa Statutes, this Flo	orida Profit Corporation add	opts the following a	.mendment(s) to
A. If amending name, enter the new name of the c	orporation:			
	V/A		Т	he new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "I <mark>nc," or "C</mark> o	". A professional corporat	rated" or the abbi	reviation ntain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		N/A		
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered agent and/or the new registered. 	ered office address	S in Florida, enter the name	e of the	7/11 0ET 23 -PM-3:-1
· · · · · · · · · · · · · · · · · · ·		' ^	1 m	: •
Name of New Registered Agent		7		
	(Florida street	address)		
New Registered Office Address:	•(/	•	mi. Na.	
New Registered Office Address:	(Ci		Florida(Zip Cod	le)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		n and accept the obligations	of the position.	
Sign	<u> </u>	istered 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 <math>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:		, , , , , , , , , , , , , , , , , , ,					1	
X Change	PT	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>			<u>Addres</u> s)	
I) Change	<u>S</u>	JUAN	Louis K	ISAREW	ICH	1262	NE	34TH CT
X Add				-	0	AKLAND	PARK	FL
Remove				-			333	34
2) Change		ALP	ASLAN .	TUNC.	80	I W OA	<u>، لا ۱۲۰</u> ۷	o Pk Buc Apt C4
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3) Change						· - ·	3	3311
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6) Change		_						
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	ling additional Articles neets, if necessary). (E	Be specific)	<u> </u>			1
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an amendment n	rovides for an exchang	ze, reclassificatio	n, or cancellation	of issued shares,		
m	lementing the amenda	nent if not conta	ined in the amend	lment itself:		
rovisions for imp	ole, indicate N/A)					
rovisions for imp						•
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	1
Effective date if applicable: 10/18/17	
Effective date if applicable: [O [10] [1] [10] [10] [10] [10] [10] [10]	,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	ı
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated10/18/17	
Signature (By a director, presiden) or other officer – if directors or officers have not been	
(b) a director, president of their others — it directors by others have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MUSTAFA ACIKGOZ	1_
(Typed or printed name of person signing)	Ī
PRESIDENT	
(Title of person signing)	