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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SABBAH, INC		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BASSAM S EGHNEIM		
-		Name of Contact Person	1
-		Firm/ Company	
	22315 SW 112 AVENUE		
		Address	
	MIAMI FL 33170		
•		City/ State and Zip Cod	:
SONL	A@GSTOLLEY.COM		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
BASSAM S EGHNEL	M	at (1
Name o	f Contact Person	Area Co)de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SABBAH, INC.	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P99000037250	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	itutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	ration:
N/A	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe Thereby accept the appointment as registered agent. Lan	n familiar with and accept the obligations of the position.
Signatu	waf New Registered Agent of 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>Y</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	PT.	BASSAM S EGHNEIM	22315 SW 112 AVENUE		
X Add			MIAMI ,FL 33170		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
(Change					
6) Change					
Add					
Remove					

A	eets, if necessary),					
	 					
						
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If an amendment p	maridae fan an ar ar	unga gaalaati	Maatian ay aa	antiation of ice	nod chama	
provisions for imp	dementing the ame	ndment if not	contained in th	ie amendment i	itself:	
(if not applical	ble, indicate N/A)					
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				. —	 -	

06/27/2017 The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	//
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not 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.	
☐ 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 east for the amendment(s) was/were sufficient for approval	
by	
(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.	
Signature Bonon Eghe (By a director, president or other officer – if directors or officers have not been	
Signature Bonon Eghen -	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)	
appointed fiductary by that fiductary)	
BASSAM S EGHNEIM	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	