## P99000099495

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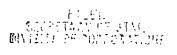
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BURAL ENTERF	PRISES, INC.
DOCUMENT NUMBER: P99000099295	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
MUHAMMAD HUSSAIN	
	Name of Contact Person
PARKDALE MALL / GOL	D TIME
	Firm/ Company
6155 EASTEX FRWY, K-5	
	Address
BEAUMONT, TX 77706	
	City/ State and Zip Code
FAYZAN01@HOTMAIL.COM	
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, plea	ase call:
MUHAMMAD HUSSAIN	at (409 781-6348
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  □\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & □\$52.50 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 Tallabasee FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 JUN -2 AM 7: 32

BURAL ENTERPRISES, INC.		13 308 -5 - 80 1: 35
(Name of Corporati	on as currently filed with the Florida	Dept. of State)
P99000099295		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation	on adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
N/A		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association." or the	"," "Inc." or "Co". A professional co.	corporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registe new registered agent and/or the new registered		e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Rep	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the oblig	gations 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VD	_	FAYZAN M. KESHWANI	350 E VISTA RIDGE MALL DR
Add				APT # 820
Remove				LEWISVILLE TX 75067
2) Change	<del></del>	<del></del>		
Add				
Remove				
3) Change				4.00
Add				
Remove				
4) Change	<del></del>	<del></del> .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_ <del>_</del>		
Remove				

E. <u>If an</u> (Atta	nending or adding additional Articles, enter change(s) here:  ch additional sheets, if necessary). (Be specific)
N/A	the desired street, if here specifies
F. If a	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pre	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A 	

	12 1/2 1/2 1/2Y	
The date of each amendment(s) adoption:date this document was signed.	# 1 3 5 5 500 ds (William)	, if other than the
Effective date if applicable: (no more ti	15 JUN -2 AH 7: 32 han 90 days after amendment file date)	····
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recon	applicable statutory filing requirements, this date will ds.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	s through voting groups. The following statement and to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was	s/were sufficient for approval	
by	17	
(voling group)		
The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	
Dated 5/28/2015 Signature Advance	di.	
(By a dissetor, president or other	officer - if directors or officers have not been	-
selected, by an incorporator — if I appointed fiduciary by that fiduci	n the hands of a receiver, trustee, or other court ary)	
MUHAMMAD HUSSAI	N	
(Typed or print	ted name of person signing)	
PRESIDENT		
(Ti	tle of person signing)	<del></del>