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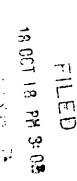
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COVER LETTER

TO: Amendment Section Division of Corporation				
NAME OF CORPOR	RATION:	RAH IN		
DOCUMENT NUME	BER: <u>V351</u>	<u> </u>		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:		
	CHA	KEEL A	SHAiKH	
•	 :	Name of Contact Person		
	(7)	DRAH ING	, n	
		Firm/ Company		
	13500		The ANO	
•		Address		
	$\omega \cdot M$	Address Address City/ State and Zip Code	33168	
•		City/ State and Zip Code	•	
E-mail address: (to be used for future annual report notification)				
	is man address. (to be as	and to take a minute to post		
For further information	n concerning this matter, pleas	se call:		
(SHAKE	ed SHATICH	at (305	<u>342-1239</u>	
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S \$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)	
Mailing Address Street Address				
	endment Section		ment Section	
Divi	sion of Corporations	Divisio	n of Corporations	
P.O.	Box 6327		Building	
Talla	ihassee, FL 32314	2661 E:	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

CINDAH PAIC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
1/35/38	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal Office address MOST BE A STREET ADDRESS)	<u>, g</u>
	2 m
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Multing diddress MAT BE A FOST OFFICE BOA)	_क ं स
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
Non Bound Office Alberton	. Florida
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position
Thereby accept the appointment as regimered agent. I am juillature	and decept the stongardon styline position.
Signature of New Re	egistered 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 Doc				
X Remove	<u>v</u>	Mike Jone	<u>s</u>			
X Add	<u>sv</u>	Sally Smit	<u>h</u>			
Type of Action (Check One)	<u>Title</u>		lame		<u>Addres</u> s	
1) Change	I	<u> </u>	MUNEERA	M SHIMIL	//	3812 S.W. IGO AL
Add						Minamon A
Remove					···	33027
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						·
4) Change		<u> </u>				
Add						
Remove						<u> </u>
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	(Be specific)
	N/A
	
f an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	10-01-1	\leq , if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	09-01-18	
•	(no more than 90 days after amendn	ent file date)
Note: If the date inserted in this block does not document's effective date on the Department of St		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		st for the amendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gi		
"The number of votes cast for the amendr	• •	oval
by	g group)	.,,
(votin	g group)	
The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholder action	on and shareholder
Dated	- 18	
Signature	J. Quil	
(By a director, preside	ent or other officer - if directors or o	
selected, by an incorp appointed fiduciary b	oorator – if in the hands of a receiver y that fiduciary)	, trustee, or other court
	SHAKEN A	SHORKIL.
(T)	yped or printed name of person signi	ng)
	President	
	(Title of person signing)	-