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(Re	equestor's Name)	<u> </u>
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COVER LETTER

TO: Amendment Sec Division of Corp						
NAME OF CORPO	PRATION: Shivaji Investment	ts, Inc				
DOCUMENT NUM	P13000095714					
The enclosed Article	s of Amendment and fee are su	sbmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	Billy Stewart					
		Name of Contact Person	n			
	Vand B Accounting Services	, Inc				
Firm/ Company						
•	8031 Ebersol Rd					
	Address					
	Jacksonville, FL 32216					
		City/ State and Zip Cod	c			
vand	lbacc@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Billy Stewart		at (509-1855			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Ma	iling Address	£				

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

Shivaji Investments, Inc			
(Name of Corporation a	s currently filed with the F	Iorida Dept. of State)	
(Document	Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	tutes, this <i>Florida Profit Co</i>	prporation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corpor	ration:		
			The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abhr	Inc," or "Co". A professio		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)		
			
			o
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			25
		· · · · · · · · · · · · · · · · · · ·	 5
			
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		nter the name of the	
	e audress.		
Name of New Registered Agent			_
	(Florida street address)		_
New Registered Office Address:		, Florida	
	(City)		Code)

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:	e, ana Sa	lly Smith, SV as an Add.	
X Change	PT	John Doe	
X Remove	y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	vp	Ashita AMIN	4238 Studio Park Ave
Add			Jacksonville, FL 32216
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Character			
.5) Change Add			
Remove			
Kembye			

amending or adding additional Article ttach additional sheets, if necessary).	(Be specific)				
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			••		
in amendment provides for an exchangivisions for implementing the amendi	ge, recissing	tained in the	liation of issued	i sbares,	
(if not applicable, indicate N/A)	deat if not to	tamed in the	Muchanicut 1136	<u>:11:</u>	
					
					
	 .				
				·	

The date of each amendment(s) date this document was signed.	adoption:		, if other than the
_			
Effective date if applicable:	,		
	(i	no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not a Department of Sta	meet the applicable statutory filing requirements, this date wi	ll not be listed as tl
Adoption of Amendment(s)	(CHEC	CK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the sha sufficient for appr	archolders. The number of votes east for the amendment(s) roval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shor each voting gro	narcholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendm	nent(s) was/were sufficient for approval	
ьу		group)	
	(voting	group)	
☐ The amendment(s) was/were as action was not required.	dopted by the boa	ard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were as action was not required.	lopted by the inco	orporators without shareholder action and shareholder	
6/4/2019 Dated			
Signature	DAN	•	
select	director, presiden ed, by an incorpo nted fiduciary by	nt or other officer – if directors or officers have not been prator – if in the hands of a receiver, trustee, or other count that fiduciary)	
	Dipan Amin	1	
	(Тур	ped or printed name of person signing)	
	President		
		(Title of person signing)	