# P14000 072 307

(Requestor's Name)
(Address)
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SECRETARY SEPARATE

Amend

JAN 1) 8 2020 I ALBRITTON

## **COVER LETTER**

): Amendment Section Division of Corporations

LME OF CORPORA	ATION:SNL ONE	INC				
	JMENT NUMBER:P19000072307					
e enclosed Articles of	Amendment and fee are su	bmitted for filing.				
ease return all corresp	ondence concerning this ma	tter to the following:				
	DOMIN	NIC JOHN				
_	Name of Contact Person					
	DJ&.	JASSOCIATES				
_		Firm/ Company				
	2400 S	E 36TH AVE, SUIT 104				
_	<u> </u>	Address				
	OCA	ALA, FLORIDA 34471				
_		City/ State and Zip Cod	e			
		dj_venad@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)			
	concerning this matter, pleas	se call:				
DOMINIC JOHN		at (				
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
losed 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		Amend Divisio	Address ment Section on of Corporations entre of Tallahassee			
P.O. Box 6327			Monroe Street Suite 810			

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

SNL ONE INC

(Name of Corporation as co	arrently filed with th	e Florida Dept. of State)		
P19000072307				
(Document Nu	mber of Corporation (	if known)		
suant to the provisions of section 607.1006, Florida Statute Articles of Incorporation:	es, this <i>Florida Profit</i>	Corporation adopts the follo	wing amend	lment(s) t
If amending name, enter the new name of the corporat	<u>ion:</u>		The r	<b></b>
me must be distinguishable and contain the word "corporation," or Co.," or the designation "Corp," "Inc," or "Contain the abbreviation or the abbreviation."	Co". A professional		iation "Corp	
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>				_
incipal office address MUST BE A STREET ADDRESS	, 			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALL AS	130 6102	_ _n
		ASSET AF	<u>. ık</u>	
lf amending the registered agent and/or registered offi		, enter the name of the	· 2: : 3	
new registered agent and/or the new registered office a	ddress:	¥	: 0	
Name of New Registered Agent				
(Flo	orida street address)			
New Registered Office Address:		, Florida		
New Regimerea Office Madress.	(City)	· · · · · · · · · · · · · · · · · · ·	Zip Code)	_
Registered Agent's Signature, if changing Registered	Agent:			
eby accept the appointment as registered agent. I am fac		t the obligations of the position	on.	
Signature of	New Registered Agen	t, if changing		

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and dress of each Officer and/or Director being added: tach additional sheets, if necessary) ase note the officer/director title by the first letter of the office title: = President; V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. esident, Treasurer, Director would be PTD. anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add. ample: <u>PT</u> \_Change <u>John Doc</u> V Remove Mike Jones SVAdd Sally Smith Title Address pe of Action <u>Name</u> neck One) P GOBARKUMAR SHIROYA 192 STARLIS PLACE \_\_ Change SAINT JOHNS, FL 32259 Add Remove P VIJAYAKUMAR R RAKHOLIYA **463 STARLIS PL** Change SAINT JOHNS, FL 32259 Remove \_ Change \_\_ Add Remove \_ Change \_\_ Add

### Page 2 of 4

# amending or adding additional Articles, enter change(s) here:

ttach additional sheets, if necessary). (Be specific)

\_ Remove

\_ Change

\_\_ Remove

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an amendment provides for an exchange or ovisions for implementing the amendr (if not applicable, indicate N/A)	nent if not contained in the a	mendment itself:	
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		<del>-</del>	•••
<del> </del>	<del> </del>		
	Page 3 of 4		
late of each amendment(s) adoption:			
v. cach amenament(3) anoption,			if other than ti
	****		, if other than t
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his document was signed.			, if other than t
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	option: 10.01.2019	, if other than the
e this document was signed.		
ective date if applicable:	10 . 01 . 2015 (no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
te: If the date inserted in this beament's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
option of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ficient for approval.	e amendment(s)
- ·	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amen	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action a	and shareholder
The amendment(s) was/were adouction was not required.	oted by the incorporators without shareholder action and s	shareholder
Dated		
Signature 5	bar N. Chiroger	
(By a di	rector, president or other officer - if directors or officers h	
	<ul> <li>by an incorporator – if in the hands of a receiver, trustee</li> <li>fiduciary by that fiduciary)</li> </ul>	e, or other court
	Goberkyman Shinoya	á
	(Typed or printed name of person signing)	
	President	

(Title of person signing)