P090000444478

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
. (Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
·(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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·		

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Amend

OCT - 5 2009

COVER LETTER

'TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Randita Inc		······································
DOCUMENT NUM	BER: <u>P09000044478</u>		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	··-···································	sen Hajali	**************************************
	(Name of	Contact Person)	
	Ra	andita Inc	
	(Firm	n/ Company)	
	1509 H	avendale Blvd	
	(,	Address)	
	Winter H	laven Fl 33881	
	(City/ Sta	te and Zip Code)	
		dero3@yahoo.es	ation)
For further information	on concerning this matter, pleas	e call:	·
Gasen Hajali		at (321) 276 185	53
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
	☐ \$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)
Amer Divis P.O.	ing Address Indment Section Ition of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	r Circle



September 10, 2009

GASEN HAJALI RANDITA INC. 1509 HAVENDALE BLVD WINTER HAVEN, FL 33881

SUBJECT: RANDITA INC. Ref. Number: P09000044478

We have received your document for RANDITA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 909A00030005

Articles of Amendment **Articles of Incorporation**

Article	's of Amendment			
to Auticles of Incomparation				
Articles of Incorporation of				
MANDITA INC.				
(Name of Corporation as currently file	ed with the Florida Dept. of State)			
Po 90000 4447				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following			
A. If amending name, enter the new name of the cor	poration:			
	The new			
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designa name must contain the word "chartered," "professional	d "corporation," "company," or "incorporated" or the tion "Corp," "Inc," or "Co". A professional corporation lassociation," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:	1509 HAVEU dALE BLUD			
(Principal office address <u>MUST BE A STREET ADDR</u>	VISTER HAVEN PL. 33881			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1509 HAVENDALE BLUD WINTER HAVEN F(33881			
D. If amending the registered agent and/or registere new registered agent and/or the new registered of				
Name of New Registered Agent:	SEN HAJALI			
	09 HAVENGALE BLUD			
New Registered Office Address:	(Florida street address)			
Cuin	TER HAVEN, Florida 33881			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the obligations 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			☐ Add ☐ Remove
			D Damassa
	nding or adding additional Articles, additional sheets, if necessary). (Be		
provis	nmendment provides for an exchangions for implementing the amendment applicable, indicate N/A)		

The date of each amendment(s) adoption: 8-05-09
Effective date if applicable:	(date of adoption is required) 8-05-07
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
((voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	9-29-09
selec	
	(Typed or printed name of person signing)
	Tice Pusident / DIRECTOR (Title of person signing)
	(The of person signing)