P9700070270

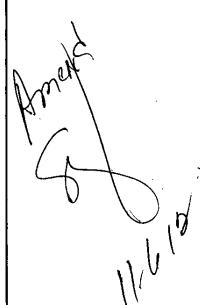
(Requestor's Name)
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(Document Number)
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11/02/12--01024--018 **43.75





COVER LETTER

Division of Corporations NAME OF CORPORATION: JANKI ENTERPRISES, INC DOCUMENT NUMBER: P97000070276 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMIT R PATEL Name of Contact Person JANKI ENTERPRISES,INC Firm/ Company 11205 MARINA BAY RD Address WELLINGTON FL 33449 City/ State and Zip Code STAR LIQUORS@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AMIT R PATEL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **■**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

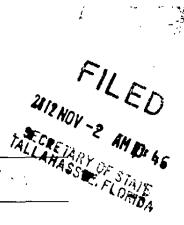
TO: Amendment Section

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**



JANKI ENTERPRISES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000070276

ent(s) to

(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Prof	fit Corporation adopts the following	g amendme
A. If amending name, enter the new name	me of the corporation:		,
			The new
name must be distinguishable and conta "Corp" "Inc.," or Co.," or the designa- word "chartered," "professional associat	ition "Corp," "Inc," or "Co". A proj		
B. Enter new principal office address, i (Principal office address MUST BE A ST			-
			•
C. Enter new mailing address, if application (Mailing address MAY BE A POST C	cable: DFFICE BOX)		-
D. If amending the registered agent and new registered agent and/or the new	d/or registered office address in Flori	ida, enter the name of the	-
	AMIT R PATEL		
Name of New Registered Agent	11205 MARINA BAY R	RD	
	(Florida street address)	- <u>-</u>	
New Registered Office Address:	WELLINGTON	. Florida 33449	
THE WAY THE STATE OF THE THAT COM.	(City)	(Zip Code)	-
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		\mathcal{M}	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	PD	AMIT R PATEL	11205 MARINA BAY RD
X_Add			WELLINGTON FL 33449
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			
			
	<u> </u>		
·			
	anaa maalaccification on	<u>cancellation of issued shares,</u>	L
an amendment provides for an excl	iange, reciassification, or		
rovisions for implementing the ame	ndment if not contained i	n the amendment itself:	
an amendment provides for an excl rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itself:	
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an amendment provides for an excl rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itself:	
rovisions for implementing the ame	ndment if not contained i	n the amendment itself:	
rovisions for implementing the ame	ndment if not contained i	n the amendment itself:	
rovisions for implementing the ame	ndment if not contained i	n the amendment itself:	

The date of each amendment(s	s) adoption: 10/31/2012
Effective date <u>if applicable</u> :	10/31/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	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 of	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	adopted by the mediporators without shareholder action and shareholder
{Dated} 10/3	31/2012
Signature	Netech x. Malati
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	HITESH MATALIA
	(Typed or printed name of person signing)
	DO
	(Title of person signing)