026896

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COVERLETTER

TO: Amendment Section Division of Corporations	4.	,	, , , , , , , , , , , , , , , , , , ,
NAME OF CORPORATION	Jayshri Inc		
DOCUMENT NUMBER: 62	26896		
The enclosed Articles of Amen	 dment and fee are su 	bmitted for filing.	
Please return all correspondence	c concerning this ma	٠,	
Harry	Master	(KIRTIBHAI	
II		Name of Contact Person)
Jaysi	hri Inc		
2222		Firm/ Company	
2300	Phillips High	nway	
Jack	sonville, FL :	Address 32207	
		City/ State and Zip Cod	e
harn 1 m	hator@yaha	0.00	
	aster@yaho	ed for future annual report	ectification)
L-11	ian addicas. (W De da	ett fot famile aimteal fepoli	House ender
For further information concern	ing this matter, pleas	se cail:	
Harry Master		_{at (} 904	3962301 de & Daytime Telephone Number
Name of Contac	r Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	 wing amount made 	payable to the Florida Depa	ariment of State:
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fcc Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add	ress		Address
Amendment			Iment Section
Division of C P.O. Box 632			on of Corporations 1 Building
Tallahassee,	1		Executive Center Circle
			* *

Articles of Amendment to Articles of Incorporation of

Jayshri,Inc .			
(Name of Como	ration as currently filed with the Flor	ida Dept. of State)	
626896			
0	Document Number of Corporation (if k	помі)	
Pursuant to the provisions of secits Articles of Incorporation:	tion 607.1006, Florida Statutes, this Flo	orida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter th	e new name of the cornoration:		
N/A	•		The new
"Corp.," "Inc.," or Co.," or U		" "company," or "incorporated" or the abo o". A professional corporation name must co	breviation
B. Enter new principal office of (Principal office address MUST)	nddress, if applicable: TBE A STREET ADDRESS	N/A	
C. Enter new mailing address (Mailing address MAY BE)	s, if applicable: A POST OFFICE BOX)	N/A E	2015 T
D. If amanding the registered	ngent and/ur registered office addre	w in Florida, enter the name of the	TILT MIN: 59
new registered agent and/o	or the new registered office address;	M P TO COME CALLET THE THRITE IN THE	100 T.
Nume of New Registere	ed Agent N/A	y	10. The 10. Th
	(Florida stree	t address)	
New Registered Office	Address: (City)	, Florida(Zip Code)	
New Registered Agent's Signs I hereby accept the appointmen	iture, if changing Registered Agent; t as registered agent. I am familiar wi	ith and accept the obligations of the position.	
+	Signature of New Registered Ag	zent, 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.

	X Change	PT John D	QC	
	X Remove	⊻ Mike Je	oues	
	_X Add	SV Sally S	<u>mith</u>	
de	Type of Action (Check One)	Title	Name	<u>√qq€ə</u> »
X	I) Change	VP_	Jiten K Master	2300 Philips Hwy
1	Add Add			Jacksonville, FL 32207
	[] Remove			
	2) Change			
	Remove			
	3) Change			
	Add			
	Remove	Ì		
	4) Change			
	Add			
	Remove			
	5) Change			
	∧dd			
	Remove			
	6) Change		and the state of t	
	Add			
	Remove			

Page 2 of 4

(Attach <i>additional si</i>	heets, if necessary).	(Be specific)		
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f an ansendasent s	provider for an exch	onge reclassification	, or cancellation of issu	ed shares.
provisions for im	plementing the ame	ndment if not contai	ned in the amendment i	taelf:
(if not applied	ible, indicate N/A)			
4	ļ			
				
			* · · · <u>- · · · · · · · · · · · · · · · </u>	
			<u> </u>	
· · · · · · · · · · · · · · · · · · ·				

date this document was signed.	adoption:	_, if other than the
Effective date if applicable:		
-	(no more than 90) days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
The Antendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
;	st for the amendment(s) was/were sufficient for approval	
ьу	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
The amondment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	11/15/	
Signature(By a	director, president or other officer – if directors or officers have not been	_
selec	sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
+	KIRTIBHAI MASTER	
	(Typed or printed name of person signing)	-
	PRESIDENT	_
	(Title of person signing)	