755130

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SUN TAN 13 AM & 24

JAN 17 2017 C LEWIS To whom it may concern,

Please find enclosed both, the form (provided via an email conversation) to amend our articles of incorporation and the corresponding check to pay for this service. We basically want to add a new article and the title plus text are included in the form. If there is any question about the way the form has been filled out, please contact me at payelht1@gmail.com or at logiaraja@gmail.com

Thanks a lot,

Pavel Hernandez for,

Logia Jinarajadasa

logiaraja@gmail.com

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

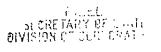
P.O. Box 6327 Tallahassee, FL 32314

LOGIA LATINA NAME OF CORPORATION:	JINARAJADASA, INC.
755130	
ACCUSED BY STATE OF THE STATE O	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Pavel Hernandez	
	(Name of Contact Person)
N/A	
	(Firm/ Company)
422 E 20th Street	
	(Address)
Hialeah, FL, 33013	
	(City/ State and Zip Code)
logiaraja@gmail.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please	se call:
Jose Gallo	305 926-8828 at
(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 & Certificate of Statu.	& 🛣\$43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2017 JAN 13 AM & 25

LOGIA LATINA JINARAJADASA, INC.		
(Name of Corporation as curren	tly filed with the Fl	orida Dept. of State)
755130		
(Document Numb	er of Corporation (if	`known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not i</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ion" or "incorpora	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(

D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		a, enter the name of the
N/A Name of New Registered Agent:		
Name of New Regissered Agem.	·	·
		(Florida street address)
New Registered Office Address:		a contraction casy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		pt the obligations of the position.
	onature of New Reo	istered 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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	ones		
Type of Action (Check One)	Title		Name		Address
1) Change		_	N/A		
Add					
Remove					
2) Change					
Add	•				
Remove					
3) Change					
Add					
Remove					· · · · · · · · · · · · · · · · · · ·
4) Change					
Add		_		•	
Remove					
SI Changa					
5) Change		_		-	
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change (attach additional sheets, if necessary). (Be specific)	e(s) here:
ARTICLE XI - DISSOLUTION	
Jpon the dissolution of this organization, assets shall be disti	ributed for one or more exempt purposes within the meaning
of section 501(c)(3) of the Internal Revenue Code, or corresp	onding section of any future federal tax code, or shall be
listributed to the federal government, or to a state or local go	overnment, for a public purpose.
	N

	<u> </u>
	

		•	N/A		FREL
	date of each amendmen	•	1;	SI EME	TADY or if other than the
late	this document was signe			JIY (D.Q.M.)	OF COFFOE ATTER
Effe	ective date <u>if applicable</u> :			2017 JAN	13 AM 8: 25
			(no more than 90 days after ame	ndment file date)	,,, o
	e: If the date inserted in ument's effective date on		s not meet the applicable statutor nt of State's records.	y filing requirements, this date	will not be listed as the
Ada	option of Amendment(s))	(CHECK ONE)		
Ŕ	The amendment(s) was/was/were sufficient for a		by the members and the number of	of votes cast for the amendment	(s)
	There are no members of adopted by the board of		titled to vote on the amendment(s). The amendment(s) was/were	
	01/0 Dated	01/2017			
	Signature	Much	4		
			r vice chairman of the board, pres		
			cted, by an incorporator – if in th ted fiduciary by that fiduciary)	e hands of a receiver, trustee. or	•
	Jo	ose Gallo			
	_		(Typed or printed name	of person signing)	-
	P	resident 'resident			
	-		(Title of pers	on signing)	-