L45926

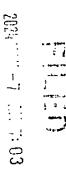
(3)		
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	





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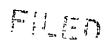


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SHIV	WAM INC		
DOCUMENT NUMBER: _	L	.45926		
The enclosed Articles of Ame	ndment and fee are sub	bmitted for filir	ıg.	
Please return all corresponden	ce concerning this mat	tter to the follo	wing:	
	D	ILIP V JAMBI	HEKAR	•
	-	Name of Co	ntact Person	
	DILIP V JAMBHEKAR			
	Firm/ Company			
		8260 NW 491	'H MNR	
		Add	lress	
		CORAL SPR	INGS FL 33	067
		City/ State a	nd Zip Code	2
	di	ilip2304@yaho	ю.соп	
<u> </u>	mail address: (to be us	sed for future ar	nual report	notification)
For further information conce	rning this matter, pleas	se call:		
DILIP V JAMBHEKAR		at (954	_) 638-9449
Name of Contr	ict Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the	Florida Depa	artment of State:
	\$43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified C (Additional enclosed)	Сору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	Section Corporations 27		Amend Division The Country 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of



		<u> </u>	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation	on as currently filed	with the Florida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
(Docun	nent Number of Corpo	ration (if known)	
arsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation adopts the follow	ring amendment(s) t
If amending name, enter the new name of the co	orporation:		
			Thenew
ame must be distinguishable and contain the word "ce lnc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A profes	v," or "incorporated" or the abbrevia ssional corporation name must cont	tion "Corp.," ain the word
Enter new principal office address, if applicable			
Principal office address <u>MUST BE A STREET ADL</u>	<u>DRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X ')		
William duties MAT DE AT OST OTTICE DO	<u></u> .	· · · · · · · · · · · · · · · · · · ·	
		_	
			
If amending the registered agent and/or register	red office address in !	Florida, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street addr	cier)	
New Registered Office Address:	_	, Florida	
	(City)	(Zi	p Code)
ew Registered Agent's Signature, if changing Reg	ictored Agent:		
hereby accept the appointment as registered agent.	I am familiar with and	l accept the obligations of the position	1.
Sione	ature of New Registere		
.ng/it	ig men negative	a regard y amingady	
heck if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> <u>John I</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	OFFICE	GALANI PRAVIN	227 S.STATE ROAD 7
Add			MARGATE
X Remove			FL 33068-5702
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	05/02/2024	
Effective date is applicable.	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the aufficient for approval.	nmendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
05/02/2024 Dated		
	-S Lalwonie	
	irector, president or other officer - if directors or officers have	
	d, by an incorporator – if in the hands of a receiver, trustee, of	r other court
appoin	ted fiduciary by that fiduciary)	
	LALWANI SUSHILA	
	(Typed or printed name of person signing)	······································
	P	
	(Title of person signing)	······································