188271

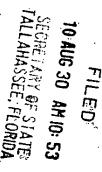
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COVER LETTER

TO: Amendment Section
. Division of Corporations

NAME OF CORF	PORATION:	GUMMAKONDA INC		
DOCUMENT NUMBER:		L88271		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
	RAMESH RAMCHANDANI			
	N	lame of Contact Person		
	Gl	JMMAKONDA INC		
		Firm/ Company		
	8628	N.W. 44TH STREET		
		Address		
	SI	JNRISE, FL. 33351		
,		ity/ State and Zip Code		
	AHSBI E-mail address: (to be use	Z@GMAIL.COM ed for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
RAMESH RAMCHANDANI		///	49-4383	
Name of Contact Person		Area Code & Daytime Te	lephone Number	
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	tment of State:	
 \$35 Filing Fee	☐ \$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	AKONDA,INC.	200	
(Name of Corporation as curre	ntly filed with the Florid	la Dept. of State)	
	_88271		
(Document Num	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Clorida Profit Corporation adopts the	following
A. If amending name, enter the new name of	the corporation:		
		The r	
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional corporat	the ion
B. Enter new principal office address, if appl			
Principal office address <u>MUST BE A STREE</u>	TADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new registered agent.)	E BOX) egistered office address i	AHASSEE, FLORIE STATE OF STATE	FILED
New Registered Office Address:	(Florida street	address)	
		, Florida	
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changin			
I hereby accept the appointment as registered a	gent. I am familiar with a	and accept the obligations of the position	9 n .
	ignature of New Registere	ed 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>	<u>Address</u>	Type of Action
VP	SANDHYA RAMCHANDAN	8628 N.W. 44TH STREET SUNRISE, FL. 33351 US.	
(attach add	ing or adding additional Articles, ente ditional sheets, if necessary). (Be spec	rific)	
provision	endment provides for an exchange, rens for implementing the amendment in applicable, indicate N/A)	classification, or cancellation of f not contained in the amendmen	issued shares, at itself:
<u> </u>			

The date of each amendmen	t(s) adoption: 08	3/25/2010
Effective date <u>if applicable</u> :	08/30/2010	(date of adoption is required)
, inclive date <u>it applicable</u> .		90 days after amendment file date)
Adoption of Amendment(s)	(<u>CF</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		the shareholders through voting groups. <i>The following statemen</i> g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_08/2	25/2010	
Signature _		anchameteri
		dent or other officer – if directors or officers have not been
		rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		RAMESH RAMCHANDANI
	(Ty	ped or printed name of person signing)
		PRESIDENT
	(Title o	of person signing)