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SECRETARY OF STATE SECRETARY OF CORPORATIONS

Amendica Pasidis

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: GURUDW AF	RA, TREASURE COAST	
DOCUMENT NUMBER: NO40000	0605	
The enclosed Articles of Amendment and fee are submitted fo	r filing.	
Please return all correspondence concerning this matter to the	following:	
SUNED SHANI )	K. MATHNYAN	
SUDER SHAN (Name)	of Contact Person)	
GURUDWARA, TA	REASURE COAST FLORIDA, INC m/Company)	
3004 SW MAS	RCO LANE (Address)	
PALM CITY (City/S	-4, FL - 34990 late and Zip Code)	
Skmathav E-mail address: (to be used for futu	ian a com cast net	
For further information concerning this matter, please call:		
S.K. MATHAVAN (Name of Contact Person)	at (772) 214-5-015	
(Name of Confact Ferson)	(Alea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to	the Florida Department of State:	
Certificate of Status  Certificate of Status  Capacitate  (Addiencide)	ied Copy Certificate of Status tional copy is Certified Copy	
Mailing Address	Street Address	
Amendment Section Amendment Section		
Division of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



March 2, 2015

SUDERSHAN K. MATHAVAN GURUDWARA TREASURE COAST FLORIDA, INC. 3004 SW MARCO LANE PALM CITY, FL 34990

SUBJECT: GURUDWARA TREASURE COAST FLORIDA, INC.

Ref. Number: N04000010605

We have received your document for GURUDWARA TREASURE COAST FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No attachments enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 115A00004275

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to . Articles of Incorporation

	REASURE COAST FLORIDA, IN
(Name of Corporation as currently filed with the Flo	
NO400001	10605
(Document Number of Co	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:  The new
name must be distinguishable and contain the word "corporate	
"Company" or "Co," may not be used in the name.	OW'S
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	R STEP
	777
C. Enter new mailing address, if applicable:	. /.
(Mailing address MAY BE A POST OFFICE BOX)	N/A 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	<i>6 '''</i>
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent:	
•	
	(Florida street address)
New Registered Office Address:	
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fai	

Signature of New Registered 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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			<u></u>
Remove			
3) Change			
Add	•		
Remove			
4) Change			
Add			
Remove			
5) Change	w.t		
Add			
Remove			
6) Change	<del></del>		_
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
ADDED	ARTICLE-XI					
SEE	ATTACHMENT					
<b></b>	AMENDMENT-2					
	DATED 1-25-15					
<u> </u>						
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	,					

# GURUDWARA TREASURE COAST FLORIDA, INC.

Mailing address 3004 SW MARCO LANE, PALM CITY FLORIDA, 34990 Tax ID 20-1877231

Email: skmathavan@comcast.net

#### **AMENDMENT-2 JANUARY 25, 2015**

# AMENDMENT TO THE ARTICLES OF INCORPORATION, STATE OF FLORIDA, USA

#### **ARTICLE-XI**

1. ARTICLE-IX (6) IS REVISED AS FOLLOWS:

Relatives may be members of the Executive Committee as long as they

- (1) Do not belong to the same household and
- (2) Are not receiving any compensation from the Gurudwara.

	e date of each amendment(s) adoption: 1-25-15 e this document was signed.	, if other than the
Eff	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 2-21-15	
	Signature Sumain avan	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	SUDERSHAN K, MATHAVAN (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	