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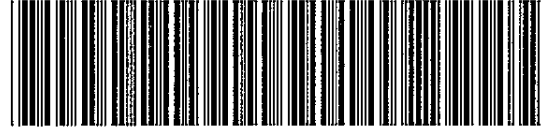
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Drs. Kiran & Pallavi Family Foundation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 900061479629

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Blas

(Name of Contact Person)

K & P Holding, LC

(Firm/Company)

5600 Mariner Street

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Blas

(Name of Contact Person)

at (813) 594-1050 ext 229

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

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 Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Drs. Kiran & Pallavi Family Foundation, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

900061479629

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation hereby files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Article of Incorporations
(Document Type Being Corrected)

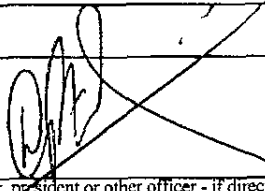
filed with the Department of State on November 16, 2005
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name of Foundation is incorrectly filed as Drs. Kiran & Pallavi
Family Foundation, Inc.

Correct the inaccuracy, incorrect statement, or defect:

Name should be: Drs. Kiran & Pallavi Patel Family Foundation, Inc.


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Dr Kiran C Patel

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA

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