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13/15/10

## **COVER LETTER**

Inc.

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Shree Mariaman Temple 4 Cultural Center of Florida
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Suerate Perumal (Name of Contact Person)
(Firm/ Company)
196 Coral Reef CT N (Address)
Palm Coast, FL. 3a137 (City/ State and Zip Code)
Shree mariamman temple @ Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suerajee Perumal at (904) 742-3455 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Scrifficate of Status Status Status Certified Copy (Additional copy is enclosed)  \$35.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Ft. 32314  2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



Shree Mariaman Temple & Cultural Center of Florida Single (Name of Corporation as currently filed with the Florida Dept. of State)

### N08000000488

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

		Center of Florida, Inc	
he new name must be distinguishable and col bbreviation "Corp." or "Inc." <mark>"Company" or</mark>			erporated" or the
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>	T ADDRESS )	6949 West Mohaw	ohawk Ave.
		Tampa, FL 33634	
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)	E BOX)	P.O. Box 260171	
		Tampa, FL 33685	
. If amending the registered agent and/or re new registered agent and/or the new registered			er the name of the
	tereu bince au	<u>u1 ess.</u>	
Name of New Registered Agent:		rajee Perumal	_
Name of New Registered Agent:	Sue		<del>-</del>
Name of New Registered Agent:  New Registered Office Address:	Sue 196 C	rajee Perumal	<b>-</b>
	Sue 196 C (Flor	rajee Perumal oral Reef CT N	– – _, Florida 32137
	Sue 196 C (Flor	rajee Perumal oral Reef CT N ida street address)	, Florida <u>32137</u> , <i>Zip Code</i> )
New Registered Office Address: - ew Registered Agent's Signature, if changin	Sue 196 C (Flor P	rajee Perumal  coral Reef CT N  ida street address)  alm Coast  (City)	(Zip Code)
	Sue 196 C (Flor P	rajee Perumal  coral Reef CT N  ida street address)  alm Coast  (City)	(Zip Code)

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action	
Vice President	Sukhdeo Perumai	196 Coral Reef CT N Palm Coast, FL 32137	☑ Add □ Remove	
Secretary Secret	Geeta Harripersaud	391 SW Dustin Ave. Port Saint Lucie, FL 34953-3149	☑ Add □ Remove	
Treasurer Treasu	Suerajee Perumal	196 Coral Reef CT N Palm Coast, FL 32137	☑ Add □ Remove	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  Please see next page for officers who need to be removed.				
4.16-2-14-1-16-2-14-11-				
	<del></del>	· · · · · · · · · · · · · · · · · · ·		
		Harte for the feet to a		

# 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>	Name '	Address	Type of Action			
ST	Melissa Chooyick	11006 Running Pine Dr Riverview, FL 33569	☐ Add ☑ Remove			
<u>TD</u>	Rohit Shivlochand	6949 West Mohawk Ave Tampa, FL 33634	Add Z Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
	<del> </del>					
<del></del>						
		<del></del>				
······································						
			****			

The date of each amendmen	t(s) adoption: March 01, 2010
Effective date <u>if applicable</u> :	March 01, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_3/01	/2010
Signature	Sull de Perma Q
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Sukhdeo Perumal
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)

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