

NO 8000001364

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305)871-0889  
Fax Number : (305)870-9623

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**THE BHAKTI FOUNDATION INC**

Certificate of Status	1
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RECEIVED  
2009 APR 24 AM 8:00  
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2009 APR 24 AM 10:41  
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** THE BHAKTI FOUNDATION, INC.

**DOCUMENT NUMBER:** N08000001364

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELLE M BARINAS

(Name of Contact Person)

BARINAS & ASSOCIATES

(Firm/ Company)

5701 NW 36 ST

(Address)

MIAMI, FL 33166

(City/ State and Zip Code)

For further information concerning this matter, please call:

LEON LEVY

(Name of Contact Person)

at ( 786 ) 797-8651

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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**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

**FILED**

2009 APR 24 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
ofTHE BHAKTI FOUNDATION INC

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

N08000001364

(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:**A. If amending name, enter the new name of the corporation:***The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.***B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**Name of New Registered Agent:New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:***I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*Signature of New Registered Agent, if changing



The date of each amendment(s) adoption: APRIL 24, 2009

Effective date if applicable:

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ 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 APRIL 24, 2009

Signature



(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)

LEON LEVY

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)