

10866010802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only

6-30-09



900156559149

06/01/09--01018--024 **52.50

FILED

2009 JUN -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amex d/k/c
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SHIVA YOGA CENTER, INC

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

RAMNARINE HANUMAN
(Name of Contact Person)

(Firm/ Company)

2528 S.W. 175TH LOOP
(Address)

OCALA, FL 34473
(City/ State and Zip Code)

thakvid@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KALLI MAHARAJ at (352) 427-6857
(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

☐ \$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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2009 JUN -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHIVA YOGA CENTER, INC

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

EIN: 94-3455295-108000010802

(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:

SRI GOPAAL MANDIR, INC.

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)

718 BAHIA CIRCLE

OCALA, FL 34472

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

718 BAHIA CIRCLE

OCALA, FL 34472

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:

KALLI MAHARAJ

New Registered Office Address:

718 BAHIA CIRCLE, OCALA, 34472

(Florida street address)

OCALA

(City)

Florida

(Zip Code)

FL 32113

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.

Kalli Maharaj
Signature of New Registered Agent, if changing

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

Effective date if applicable: MAY 24, 2009
(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 5/24/09

Signature Ramnarine Hanuman (Director)
(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)

RAMNARINE HANUMAN
(Typed or printed name of person signing)

Director
(Title of person signing)