

NO9000011431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

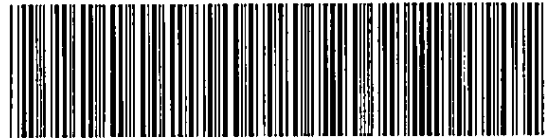
(Business Entity Name)

(Document Number)

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07/18/2023
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23 MAY 23 PM 12:00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NAVAJEEVAN EYE CARE TRUST USA

DOCUMENT NUMBER: N09000011437

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

Please return all correspondence concerning this matter to the following:

KUMAR CHITTIPEDDI

(Name of Contact Person)

(Firm/ Company)

3800 GALT OCEAN DRIVE #601

(Address)

FORT LAUDERDALE, FL, 33308

(City/ State and Zip Code)

NAVAJEEVAN@NAVAJEEVANUSA.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KUMAR CHITTIPEDDI

(Name of Contact Person)

at 727

(Area Code)

743-1979

(Daytime Telephone Number)

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CHECK # 1061 dt 5/15/2023

Articles of Amendment
to
Articles of Incorporation
of

NAVAJEEVAN EYE CARE TRUST USA

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

N09000011437

(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)

(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

23 MAY 23 PM 2:11



- ☒ 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 MAY 15 2023 _____

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)

KUMAR CHITTIPEDDI

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)