## N04000011431

Office Use Only



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## **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 subm	itted 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		
(1)	City/ State and Zip Code)	
NAVAJEEVAN@NAVAJEEVANUSA.ORG		
	or future annual report notification)	
For further information concerning this matter, please c	all:	
KUMAR CHITTIPEDDI	at 727 743-1979	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	rable to the Florida Department of State:	
☐ \$35 Filing Fee ■\$43.75 Filing Fee & ☐ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CHECK # 1061 At 5/15/2023

Tallahassee, FL 32314



## Articles of Amendment to Articles of Incorporation of

## NAVAJEEVAN EYE CARE TRUST USA

(Name of Corporation as currently filed with the F	lorida Dept. of State)	<del></del>	_
N09000011437			
(Documer	nt Number of Corporation (if kno	wn)	-
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For	Profit Corporation adopts the following	រដ
A. If amending name, enter the new name of the c	orporation:		
		The nev	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."	•
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		<del></del>	_
			-
		46-4	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u></u>		_
		23	
	<u>.</u>	<u></u>	_
D. If amending the registered agent and/or registered new registered agent and/or the new registered		nter the name of the	
		<u> </u>	
Name of New Registered Agent:		2:	_ <u>;</u> : .
_	(Flor	ida street address)	
New Registered Office Address:			
_		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ne obligations of the position.	
	Signature of New Register	ad Agant if changing	_



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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustce; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DT	SUGANYA PARTHASARATHY	38659 CHISOLM PL FREMONT, CA 94536
Remove 2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add		<del></del>	
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet)		ticles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption:
MAV 15 2023
Effective date if applicable: (no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.



Dated

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)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were