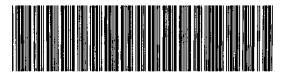
N12000007907

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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('Rm 3-19-20

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Sacred Deeds Found | lation, Inc. | | | _ |
|--|---|-----------------------|----------|--------|
| DOCUMENTNUMBER: N12000007907 | | | 77 | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | | | 15 MAR |
| Please return all correspondence concerning this matter to the following: | | 基 第 | 20 | |
| Anand Poddar | | | <u> </u> | Ŧ |
| | (Name of Contact Pe | erson) | 08! | 1:53 |
| Sacred Deeds Foundation, Inc. | | |)) H | ယ် |
| Mark The Control of t | (Firm/ Company | y) | | |
| 6527 NW 18 th Drive | | | | |
| Gainesville, FL 32653 | (Address) | | | |
| | (City/ State and Zip (| Code) | | |
| radhajivana@gmail.com | | | | |
| E-mail address: (to be used | for future annual rep | ort notification) | - | |
| For further information concerning this matter, please of | call: | | | |
| Julia Cook Polenghi | | | | |
| (Name of Contact Person) (Area Code & Daytime Telephone Numbe | | | | |
| Enclosed is a check for the following amount made pay | vable to the Florida D | repartment of State: | | |
| □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) | Certificate of Status | | |
| Mailing Address | Str | eet Address | | |
| Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | |

Tallahassee, FL 32301

Articles of Amendment

| | | to | | روب سود آدوه سود چ کو چوچ | \bar{x} | #NZ# |
|---|--------------------------------|---|-----------------------|---------------------------------|-----------|------|
| • | Articles | of Incorporation | | 52 | 8 | |
| red Deeds Foundation, Inc. | | of | | (4) | • | |
| rea beeds roundation, me. | | | | Fier -n T | | |
| (Name of Corporation as current) | v filed with the Flor | ida Dept. of State) | • | <u> </u> | = | ŧ, |
| 2000007907 | | | | | 53 | |
| (Doct | ument Number of Co | rporation (if known) | | | • | |
| ursuant to the provisions of section 617.1 nendment(s) to its Articles of Incorporati | | s, this <i>Florida Not For</i> | Profit Corporation | adopts the f | ollowi | ng |
| . If amending name, enter the new nar | me of the corporation | on: | | | | |
| | | | | | _The n | |
| ame must be distinguishable and contain | | | ' or the abbreviation | on "Corp." o | r "Inc. | •• |
| Company" or "Co." may not | <u> ne usea in ine na</u> | <u>'m e</u> . | | | | |
| Enter new principal office address, it | | | | | - | |
| Principal office address <u>MUST BE A ST</u> | REET ADDRESS) | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | - | |
| | | | | | - | |
| . Enter new mailing address, if applic | able: | | | | | |
| (Mailing address MAY BE A POST O | | | | | - | |
| | | | | | | |
| | | | | | - | |
| | | | | | - | |
| . If amending the registered agent and | d/or registered offic | e address in Florida, e | nter the name of | the | | |
| new registered agent and/or the new | | | | | | |
| Name of New Registered Agent: | Anand Doddar | | | | | |
| Name of New Registered Agent. | Allana Poddar | | | | | |
| | 190 Turkey Creek, | Alachua, FL 32615 | | | | |
| | - | (Florida street address) | | | | |
| New Registered Office Address: | | | | | | |
| | 6527 NW 18 th Drive | Gainesville | | 32653 | | |
| | | | , Florida | | | |
| | (City) | | | (Zip Code, |) | |
| New Registered Agent's Signature. | if changing Regist | ered Agent: | | | | |
| New Registered Office Address: Sew Registered Agent's Signature. | 6527 NW 18 th Drive | (Florida street address) Gainesville | , Florida | |) | |

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

Page 1 of 4

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 = Trustee; 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.

| V Mike | Jones | |
|--------------|------------------------------------|--|
| <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| <u>CFO</u> | Ernest Gonzalez Monterrosa | 1 <u>3580 NW 136th Drive</u> |
| | | Alachua, FL 32615 |
| | | |
| Sec | K <u>imberly L. Walsh</u> | 14311 NW 146 th Terrace |
| | | Alachua, FL 32615 |
| | | |
| Sec D | Saul Porecki | 5 <u>90 Redwood Drive</u> |
| | | Boulder Creek, CA 95006 |
| | | |
| <u>D</u> | Subhas Sheth | 1 <u>3422 W. State Road 235</u> |
| | | Alachua, FL 32615 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | V Mike SV Sally Title CFO Sec D | V Mike Jones SV Sally Smith Title Name CFO Ernest Gonzalez Monterrosa Sec Kimberly L. Walsh Sec D Saul Porecki |

| THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND RELIGIOUS PURPOSES PER IR 5.501(C)(3). UPON DISSOLUTION, THE ORGANIZATION'S ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT |
|--|
| 5 501(C)(3) LIPON DISSOLLITION. THE ORGANIZATION'S ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT. |
| Section 1. State State Total, The Great Medical State Section 1. State Sec |
| PURPOSES PER IRC S.501(C)(3). |
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E. If amending or adding additional Articles, enter change(s) here:

| The date of each ame date this document was | dment(s) adoption: March 13, 2015 signed. | , if other than the |
|---|---|------------------------------------|
| Effective date if appli | able: | |
| | (no more than 90 days after amen | dment file date) |
| Adoption of Amenda | nt(s) (CHECK ONE) | |
| The amendment(s was/were sufficients | was/were adopted by the members and the number of for approval. | votes cast for the amendment(s) |
| X There are no men adopted by the board of | ers or members entitled to vote on the amendment(s). irectors. | The amendment(s) was/were |
| Dated | March 13, 2015 | |
| Signatur | foundar | |
| • | By the chairman or vice chairman of the board, presid | dent or other officer-if directors |
| | have not been selected, by an incorporator – if in the other court appointed fiduciary by that fiduciary) | hands of a receiver, trustee, or |
| | Anand Poddar | |
| ***** | (Typed or printed name of person signing | <u>g)</u> |
| | Director and President | |
| | (Title of person signing) | |