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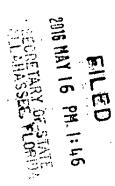
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TG: Amendment, Section Division of Corporations

NAME OF CORPORATION: Indo American Foundation of Tampa Bay Corporation
DOCUMENT NUMBER: N 16000001289
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
UMESH PATEL
(Name of Contact Person)
(Firm/Company)
13014 N Dale Mabry Hwy #238 (Address)
Tampa, FL 33618 (City/State and Zip Code)
watel 13@ quail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
UMESH PATEL at 813-920-0085
(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:
S\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S\$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			
Indo American Foundation of Tampa Bay Corporation			
(Name of Corporation as currently filed with the Florida Dept. of State)			
N 16000001289			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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:			
(Florida street address)			
New Registered Office Address:			
Florida			
(City) (Zip Code)			
New Desistered Agent's Signature if shanging Degistered Agents			
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			

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:

(At ach 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.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Remove			
2) Change	_181		
Add			
3) Change Add			
Remove			
4) Change			
Remove			
5) Change			
Remove			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article: 1X Distributions Upon Dissolution

Said Organization is organized exclusively for Charitable purposes. Including, for Such purposes, the making of one or more exempt ding section competant exclusively for such or organizations are organized Shall determine which purposes,

The date of each amendment(s) adoption:	, if other than th		
date this document was signed.			
Effective date if applicable:			
(no more t	han 90 days after amendment file date)		
Note: If the date inserted in this block does not meet document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be listed as the 's records.		
Adoption of Amendment(s) (CHECK	(CHECK ONE)		
☐ The amendment(s) was/were adopted by the men was/were sufficient for approval.	mbers and the number of votes cast for the amendment(s)		
There are no members or members entitled to vo	te on the amendment(s). The amendment(s) was/were		
Dated 5/9/16			
Signature By the chairman or vice chair	rman of the board, president or other officer-if directors		
, •	incorporator – if in the hands of a receiver, trustee, or		
UMESH P.	ATEL		
	yped or printed name of person signing)		
	(Title of person signing)		