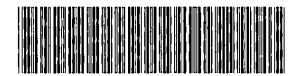
N/800001275/

(Re	equestor's Name)	
(Ac	idress)	
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(Cr	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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R. WHITE JUL 09 2019



COVER LETTER

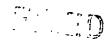
TO: Amendment Section Division of Corporations

NAME OF CORPORATION	VAISHNAV SANGE	OF FLORIDA INC	<u> </u>	
NI DOCUMENT NUMBER:	8000012751			
The enclosed Articles of Amen	dment and fee are subm	itted for filing.	<u>.</u>	
Please return all correspondence	e concerning this matter	to the following:		
VIJAY PATEL				
	(Name of Contact Pe	erson)	
VAISHNAV SANGH OF FLO	ORIDA INC			
		(Firm/ Company	')	
244 SIENA GARDENS CIRC	LE			
		(Address)		
GOTHA, FL 34734				
	(City/ State and Zip (Code)	
VIJAY@JNSASSOCIATE.CO)M			
E-m	ail address: (to be used	for future annual rep	ort notification)
For further information concern	ing this matter, please c	all:		
VIJAY PATEL		at	407	253-5330
(N	ame of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made pay	able to the Florida [Department of S	State:
■ \$35 Filing Fee □	343.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
	Mailing Address Amendment Section Street Address Amendment Section		on	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State) N18000012751 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of "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	77 82 1 .
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the intendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A Tamen must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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)	-1 177 3: [
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If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If A Imme must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	. 1
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Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	or "Inc."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	
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(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in Florida, enter the name of the	
. If amending the registered agent and/or registered office address in Florida, enter the name of the	
. 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: N/A	
	
(Florida street address)	
New Registered Office Address:	
N/A , Florida,	
(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent:	
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:

(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.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) X Change	S	VIJAY PATEL	244 SIENA GARDENS CIRCLE
Add			GOTHA, FL 34734
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Art (attach additional sheets, if necessary). 	(Be specific)			
N/A				
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	1/1/2019	
The date of each amendment(s) a	doption:	, if other than the
late this document was signed.		
	/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated 06/25/201	9	
Signature V		
(By the char have not be	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
VIJAY	PATEL	
	(Typed or printed name of person signing)	
SECRE	TARY	
- 12- 12-	(Title of person signing)	