

N200000010004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

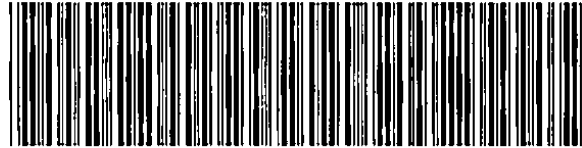
(Business Entity Name)

(Document Number)

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I ALBRITTON

**COVER LETTER**

Amendment Section  
Division of Corporations

NAME OF CORPORATION: SHRI KRIPALU SEVA ASHRAM INC

DOCUMENT NUMBER: N20000010004

I am enclosing *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARI BASDEO  
(Name of Contact Person)

B ACCOUNTING & TAX SERVICES  
(Firm/ Company)

091 N UNIVERSITY DR  
(Address)

TAMARAC FL 33321  
(City/ State and Zip Code)

HARIBASDEO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARI BASDEO at 954 817-4334  
(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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2020

HARI BASDEO  
6091 N. UNIVERSITY DR  
TAMARAC, FL 33321

SUBJECT: SHRI KRIPALU SEVA ASHRAM INC  
Ref. Number: N20000010004

We have received your document for SHRI KRIPALU SEVA ASHRAM INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00021007

Articles of Amendment  
to  
Articles of Incorporation  
of

RI KRIPALU SEVA ASHRAM INC

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

000001004

(Document Number of Corporation (if known))

uant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following  
dment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

The new  
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.

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)

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)

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

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 title. 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, Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  
Change PT John Doe  
Remove V Mike Jones  
Add SV Sally Smith

Kind of Action (Check One)	Title	Name	Address
<input type="checkbox"/> Change <input type="checkbox"/> Add	P	SHRI KRIPALU SEVA ASHRAM I	1050 NW 114TH AVE PLANTATION FL 33323
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add	P	SWAMI MAHESHWARANANDA	1050 NW 114TH AVE 1050 NW 114TH AVE
<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	ANA S HERSMAN	1050 NW 114TH AVE 1050 NW 114TH AVE
<input type="checkbox"/> Change <input type="checkbox"/> Add	SEC	GABY SLEMENT	1050 NW 114TH AVE 1050 NW 114TH AVE
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add	TR	DR KATHILEEN WESA	1050 NW 114TH AVE 1050 NW 114TH AVE
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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



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 90/01/2020 \_\_\_\_\_

Signature Swami Maheshvarananda \_\_\_\_\_

(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)

SWAMI MAHESHVARANANDA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)