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COVER LETTER

TO: Amendment Section Division of Corporations

VAISHNAV SANGH OF USA INC NAME OF CORPORATION: ___ DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARPIT SHAH (Name of Contact Person) SHAH ACCOUNTING AND TAX SERVICES (Firm/ Company) 3003A Unionville Pike (Address) Hatfield, PA 19440 (City/ State and Zip Code) shahaccountingservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Arpit Shah 215 996-1650 (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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

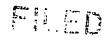
Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Enclosed)

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 SEP 29 PH 12: 44

(Name of Corporation as currently filed with the Flo	orida Dent, of State)	2	1.1
VAISHNAV SANGH OF USA INC	,	TALL.	SE STATE
(Document	Number of Corporation (if k	nown)	-
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation a	dopts the following
A. If amending name, enter the new name of the cor	poration:		
MA			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	I" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)		
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX	o <u>ala</u>		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	ffice address:	, enter the name of the	
New Registered Office Address:	(F)	lorida street address)	
		, Florida (Zip C	
	(City)	(Zip C	Tode)
New Registered Agent's Signature, if changing Regist the appointment as registered agent. I	stered Agent: am familiar with and accept	the obligations of the p	oosition.
	Signature of New Regist	ered Agent, if changing	<u> </u>

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	NA	n)A	A/M
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional she	eis, if nec	onal Articles, enter change(s) here: essary). (Be specific) vely for religious education via teaching, books, audio and video.	
rne said organization is organi	year exerust	to rengious continue in reacting, costs, many and state.	
How the discolution of the ore	anivative :	ssets shall be distributed for one or more exempt purposes within th	e meaning
		le, or corresponding section of any future federal tax code, or shall be distribu	
		ocal government, for a public purpose.	

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The date of each amendment(s) adoption:		 	<u> </u>		, if other than the
Effective date <u>if applicable</u> :		 1		<u></u>	
(no n. Note: If the date inserted in this block does not					

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.

	• • •
	no members or members entitled to vote on the amendment(s). The amendment(s) was/were the board of directors.
	09/14/2021
Da	ated
Sig	(By the chairman of 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)
	Amit Shah
	(Typed or printed name of person signing)

President