

N122271

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2817 AUG 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

AUG 31 2017

AL BRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN, INC

DOCUMENT NUMBER: N22271

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NAGARAJA (RAJ) SHARMA

(Name of Contact Person)

(Firm/ Company)

16915 IVY LAKE DRIVE

(Address)

ODESSA, FL 33556

(City/ State and Zip Code)

ndsharma2020@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAGARAJA (RAJ) SHARMA

727

656 4674

at

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

RECEIVED
17 AUG 28 PM 4:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

NAGARAJA (RAJ) SHARMA
16915 IVY LAKE DRIVE
ODESSA, FL 33556

SUBJECT: FLORIDA ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN,
INC.
Ref. Number: N22271

We have received your document for FLORIDA ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$35.00 is due.

The fee to file your document is \$35.

There is a balance due of \$5.00.

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: 417A00016538

Articles of Amendment
to
Articles of Incorporation
of

FILED
2019 AUG 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN, INC

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

N22271

(Document Number of Corporation (if known))

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

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

N/A

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)

16915 IVY LAKE DRIVE

ODESSA, FL 33556

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 340250

TAMPA, FL 33694-0250

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:

NAGARAJA (RAJ) SHARMA

16915 IVY LAKE DRIVE

(Florida street address)

New Registered Office Address:

ODESSA

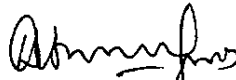
(City)

, Florida 33556

(Zip Code)

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:

(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:

<input checked="" type="checkbox"/> Change	PT	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	V	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	SV	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	<u>NAGARAJA (RAJ) SHARMA</u>	<u>16915 IVY LAKE DRIVE</u> <u>ODESSA, FL 33556</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	PE	<u>MUKESH MEHTA</u>	<u>18641 AVENUE CAPRI</u> <u>LUTZ, FL 33558</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	<u>RAKESH SHARMA</u>	<u>1819 ALICIA WAY</u> <u>CLEARWATER, FL 33764</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	S	<u>ARTHI SANJEEVI</u>	<u>3310 EHRLICH ROAD</u> <u>TAMPA, FL 33618</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	<u>MAMATA PONNAGANTI</u>	<u>17233 BREEDERS CUP DR</u> <u>ODESSA, FL 33556</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	<u>CHIRAG SHAH</u>	<u>2201 BRANCH HILL STREET</u> <u>TAMPA, FL 33612</u>

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 08/01/2017, if other than the date this document was signed.

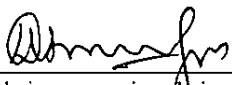
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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.
- ☐ 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 08/22/2017

Signature 
(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)

Nagaraja (Raj) Sharma

(Typed or printed name of person signing)

President

(Title of person signing)