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A. Buther

COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: FLORIDA ASSOCIA	TION OF PHYSICIA:	NS OF INI	DIAN ORIGIN, INC.
DOCUMENT NUMBER: N22271			
The enclosed Articles of Amendment and fee are submi			
Please return all correspondence concerning this matter	to the following:		
Mamata Ponnaganti			
· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	on)	
17233 Breeders Cup Dr			
17233 Directicis Clip Dr	(Firm/ Company)		
FLOREN			
FLORIDA ASSOCIATION OF PHYSICIANS OF INE	DIAN ORIGIN, INC. ((Address)	<u>F</u> API)	
	(Marca)		
Odessa, FL 33556			
(0	City/ State and Zip Cod	le)	
mamatadınd@yahoo.com			
E-mail address: (to be used for	or future annual report	notificatio	n)
For further information concerning this matter, please ca	all:		
Mamata Ponnaganti, DMD	72 at	7	6562100
(Name of Contact Person)	(A)	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Dep	artment of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amendment Section Amendment Section Division of Corporations Division of Corporations		prations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

FLORIDA ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN, INC.

(Name of Corporation as currently filed with the	<u>- Florida D</u>	ept. of State)	2021 AUG -9 PH 4: 16
N22271			SECOSTADA DE CEATE
(Docum	ent Numbe	r of Corporation (if know	SECRETARY OF STATE n) TALLAHASSEE, FL
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute:	s, this <i>Florida Not For P</i> i	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporation	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporati	on" or "incorporated" o	The new r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	ole:	17233 Breeders Cup Dr	
(Principal office address MUST BE A STREET A)	DDRESS)	Odessa, FL 33556	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE E</u>	- <u>3<i>0</i> </u>		
D. If amending the registered agent and/or regist	tered office	address in Florida, ent	er the name of the
new registered agent and/or the new registere	<u>d office ad</u>	<u>dress:</u>	
Name of New Registered Agent:	Mamata Po	onnaganti, DMD	
	17233 Bree	eders Cup Dr	
New Registered Office Address:		(Fioruki	street address)
<u>-</u>	Odessa	(City)	Florida 33556 (Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appoinment as registered agent.	egistered A Lam fam	gent: iliar with and accept the c	obligations of the position.
	Ma	uata Ton	rafaili
	Sigi	nature of New Registered	Agehit il.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 PT John Doe X Remove V Mike Jones X Add SV Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change Add	P	Arthi Sanjeevi	3310 Ehrlich Road Tampa, FL 33618		
X Remove					
2) × Change Add	<u>P</u>	Mamata Pomaganti	17233 Breeders Cup Dr Odessa, FL 33556		
Remove 3) X Change Add Remove	PE	Subhasis Misra	5955 Jaegerlen Dr Lithia, FL 33547		
4) Change Add	VP	Raghu Juvvadi	1630 Lake Polo Dr Odessa, FL 33556		
Remove					
5) Change Add	<u>S</u>	Sanjay Madan	310 Signature Court Safety Harbor, FL 34695		
Кепюче					
6) Change Add	<u>T</u>	Saurin Shah	1653 Abyss Drive Odessa, FL 33556		
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Remove - Harish Madnan	i				
Remove - Mamta Sehgal					
Remove - Maulik Bhalani					

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The date of each amendment(s) adoption: date this document was signed.		06/19/2021					, if other than the
Effective date <u>if applicable</u> :	07/01/2021						
	(n)	o more than !	90 days after a	imendment fil	le date)		
			-	•			

<u>Note:</u> 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 $O7 \left 01 \left 2021 \right \right $
Signature Manuala Founapart
(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)
Mamata Pormaganti
(Typed or printed name of person signing)
President
(Title of person signing)