N2400009400

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2024 AUG 30 AM 6: 44
SELVARIANT OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:)NAL SWAMINAR/	AYAN WELF.	ARE O	RGANIZATION INC
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing	3 .		
Please return all correspondence concerning this	s matter to the follow	ing:		
HITESHKUMAR G DESAI				
	(Name of Con	tact Person)		
	(Firm/ Co	mpany)		
5424 HUTCHINSON ST				
	(Addr	ess)		
PORT ORANGE , FL 32128				
	(City/ State an	d Zip Code)		
haridesai1986@gmail.com				
E-mail address: (to b	e used for future ann	ual report noti	fication	
For further information concerning this matter,	please call:			
HITESHKUMAR G DESAI		386 at		334-6642
(Name of Contact I	Person)	(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Fl	lorida Departn	nent of S	State:
■ \$35 Filing Fee □S43.75 Filing F Certificate of S		рру	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ade Amendme Division o	nt Section f Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED

INTERNATIONAL SWAMINARAYAN WELFARE ORGANIZATION INC

Name of Corporation as currently filed with the Florid	a Dept. of State)	2024 AUG 30 AM 6: 44
N24000009400		
(Document Nur	mber of Corporation (if known)	SECRETARY OF STATE TALLAHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	autes, this Florida Not For Profit	
A. If amending name, enter the new name of the corpor	ration:	
Not Applicable		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	Not Applicable	
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)	
C. Enter new mailing address, if applicable:	Not Applicable	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-	· ·
		
D. If amending the registered agent and/or registered o	office address in Florida, enter th	e name of the
new registered agent and/or the new registered offic		t name of the
Name of New Registered Agent: Not Ap	pplicable	
Name of the Regimered agent.	- -	
	(Florida stree	t address)
New Registered Office Address:		
	<u> </u>	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent. I am	familiar with and accept the oblig	gations of the position.
	Signature of New Registered Age	nt, 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 D V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	TR	PREM PATEL	10380 AVENTURA DR JACKSONVILLE, FL 32256
Remove			
2) Change Add	TR	JAYANTILAL JETHABHAI VORA	DES PLAINES, IL 60018
Remove	TR	HARESHBIIAL N BHAKTA	2001 S CANAL ST CARLSBAD NM 88220
4) Change Add	TR	Niłkantheharandasji Guru Shri	Shree Swaminarayan Mandir, B/H Kalakunj Society, Kapodra
Remove			Surat City, Gujarat, India 395006
5) Change Add			
Remove			
6) Change Add			
Remove			
		icles, enter change(s) here: (Be specific)	

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	<u>. </u>			
				
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		· · · · · · · · · · · · · · · · · · ·		
The date of each amendment(s) adopt date this document was signed.	ion:	- 		if other than the
_				
Effective date <u>if applicable</u> :	(no more than 90 days	after amendment file o	late)	··
Storage 16 decided the control of the Control of the				
<u>Note:</u> If the date inserted in this block document's effective date on the Depart	noes not meet the applical ment of State's records.	ole statutory filing requ	urrements, this date will r	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			

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

D	08/23/2024
Dated	
Signatur	e_Hitesh
	(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)
	HITESHKUMAR G DESAI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)