P0000000114

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SECRETARY OF STATE DIVISION OF CORPORATIONS

Amund 10 3/21/12

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations P00000027614 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DILIP Name of Contact Person DS SAHA, INC. NORTH MIAMI E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at $(\frac{305}{\text{Area Code & Daytime Telephone Number}})$ Name of Contact Person (murey or der) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

100	^
05 5	AHA, INC.
7	rently filed with the Florida Dept. of State)
P003	000027614
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following
A. If amending name, enter the new name	of the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or th	the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporation rofessional association," or the abbreviation "P.A."
B. Enter new principal office address, if ap	
(Principal office address <u>MUST BE A STRE</u>	ET ADDRESS)
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	
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 reg	gistered office address:
Name of New Registered Agent:	DILIP SAHA
	13641 NW 7th Avenue. 三量
New Registered Office Address:	(Florida street address)
	North MIAMT Florida 33168
	(City) (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the obligations of the position.
. ,	DINSOLA
. —	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	SUNCHITA SAHA	13641 NW Thy herre North MISMI, FC 3316	Add Remove
<u>P</u>	DILIP SAHA.	13541 NW 77 AVERUE NOTTH MIAMI, FL 33168	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
E. <u>If amend</u> (attach aa	ling or adding additional Articles, ente iditional sheets, if necessary). (Be spec		
			· · · · · · · · · · · · · · · · · · ·
provisio	nendment provides for an exchange, reconst for implementing the amendment if of applicable, indicate N/A)	classification, or cancellation of iss not contained in the amendment i	ued shares, tself:

The date of each amendment(s) a	doption: 02	122/2012	
Effective date if applicable:	02/22/20)	option is required) 	
' (no	more than 90 days after a	mendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su		. The number of votes case	t for the amendment(s)
The amendment(s) was/were ap must be separately provided for			
"The number of votes cast	for the amendment(s) was	were sufficient for approv	al
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(vot	ing group)		
The amendment(s) was/were adaction was not required.	opted by the board of dire	ctors without shareholder a	action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators	s without shareholder actio	n and shareholder
Dated			
Signature	Dusaha		
selected,		officer – if directors or office the hands of a receiver, trury)	
	DILIP S		
	(Typed or printed	name of person signing)	
	UP.		
	(Title of person signi	ng)	