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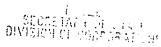
Division of Corporati	ons		
NAME OF CORPORAT	ion: Kris	hdarsm . I	NC
DOCUMENT NUMBER	: <u> </u>	000014801	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this mat	tter to the following:	
	Krish 3450 SW Galnesvi	City/State and Zip Code	Rd 2608
K3	Shacrsh 36 E-mail address: (to be us	S W Jahoo- led for future annual report	CO'M notification)
For further information co	ncerning this matter, pleas	se call:	
Sanjay Kum Name of C	ar C Patel ontact Person	at (35 Z Area Coo	281-3087 de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment of State:
S35 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)
Mailino	Address	Street	Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of



01	<u> </u>	
Shastriji INC. (Name of Corporation as currently filed with the Florida	15 APR	23 PM 1
(Name of Corporation as currently filed with the Florida	Dept. of State)	-
P03000014801		
(Document Number of Corporation (it know	m)	-
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> statutes of Incorporation:	a Profit Corporation adopts the following	ig amendmer
. If amending name, enter the new name of the corporation:		
Krishdarsh INC ame must be distinguishable and contain the word "corporation." "c		The new
ame must be distinguishable and contain the word "corporation." "c Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". ord "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the a A professional corporation name must	bbreviation contain the
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		-
		-
		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		•
The state of the s		_
		_
	100	_
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 of fice address:		
Name of New Registered Agent Sanjay Kumar	C Patel	
Name of New Registered Agent Sanjay Kumar 3450 SW Willi	ston Rd Iress)	
New Registered Office Address: GLINESVIlle (City)	, Florida 32608 (Zip Code)	-
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with an	nd accept the obligations of the position.	
- Club.		
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: X Change	PT John Do	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally S	mith_	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PVSO	Jyotsnaben C Patel	2600 SW Williston Rd apt 704
Remove			Gainesville, FL 32608
2) Change	PVSO	Sanjaykumar C Patel	8103 SW 71St LN Gainesville, FL 32608
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change			
Add Remove			
6) Change	<u></u>		
Remove			

	is, if necessary).	cles, enter chan (Be specific)			
					
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an amendment pro	vides for an excl	hange, reclassifi	ication, or can	cellation of iss	ued shares,
provisions for imple	menting the ame	hange, reclassifi endment if not c	ication, or can ontained in th	cellation of iss ne amendment	ued sha <u>res,</u> itself:
an amendment pro provisions for imple (if not applicable	menting the ame	hange, reclassifi endment if not c	ication, or can ontained in th	cellation of iss ne amendment	ued shares, itself:
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provisions for imple	menting the ame	hange, reclassifiendment if not c	ication, or can	cellation of iss	ued shares, itself:

The date of each amendment(s) adoption:	04/21/15	SECONDARY TO A TOTAL OF OTHER IS	than the
date this document was signed. Effective date if applicable:	04/21/15	15 APR 23 PM 1:52	mun til
	(no more than 90 days after amendn	nent file date)	
Adoption of Amendment(s) (CHE	<u>CK ONE</u>)		
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		st for the amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting g			
"The number of votes cast for the amend	lment(s) was/were sufficient for appr	oval	
by(votin	ng group)	"	
The amendment(s) was/were adopted by the beaction was not required.		action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	acorporators without shareholder acti	on and shareholder	
Dated 04/20/1	5		
	. .		
	dent or other officer – if directors or porator – if in the hands of a receive by that fiduciary)		
	Otsnaben C (Typed or printed name of pers	Patel	
'	(Typed or printed name of pers	on signing)	
	PV SO		
	(Title of person signing	()	