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(Ad	ldress)		
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APR 20 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: KOHINOOR JEW	ELS INC		
DOCUMENT NUMI	BER:			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	NAVEEN P SHIVDASANI			
		Name of Contact Persor	n	
	KOHINOOR JEWELS INC			
		Firm/ Company		
	36 NE 1ST STREET STE 11	4		
		Address		
	MIAMI, FL 33132			
		City/ State and Zip Cod	e	
<u></u>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
NAVEEN P SHIVDA		at (<u>305</u>	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 APR 13 AM 0: 49

KOHINOOR JEWELS INC

COMMON SEWELS INC	The 21	- ' <u>'</u> a
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
204000154787		
(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following an	nendment(s) t
. If amending name, enter the new name of the corporation:		
N/A	TL	e new
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or ord "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbre "Co". A professional corporation name must cont	eviation
Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address 		
Name of New Registered Agent	_	
Name of New Registered Agent	,	
(Elmida s	treet address)	
New Registered Office Address:	(City) , Florida (Zip Code	• <u> </u>

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 <math>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	<u>PT</u>	John Doc	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•	
Add		-	
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
<u>-</u>	
if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
RTICLE X: THIS ARTICLE IS BEING	
AVEEN P. SHIVDASANI ASSIGNS 80'	% OF FIIS CAPITAL 10
	IC CANTAL TO BROAD GUILDAGANI
	IS CAPITAL TO PREM SHIVDASANI
	IS CAPITAL TO PREM SHIVDASANI
	IS CAPITAL TO PREM SHIVDASANI
ALINI SHIVDASANI AND 20 % OF HI	IS CAPITAL TO PREM SHIVDASANI

The date of each amendment(s	. APRIL 11. 2017	, if other than the
date this document was signed.	autopiton.	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing required Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and sl	hareholder
	HTH. 2017	
Dated Signature	1.00	
(By	a director, president or other officer - if directors or officers h	
	eted, by an incorporator – if in the hands of a receiver, trustee, sinted fiduciary by that fiduciary)	, or other court
wpp.	NAVEEN P. SHIVDASANI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	