POWW 2165

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. 40=
, TORNE
J. HORNE JUN 13 2023
1023

Office Use Only



500405219455

03/28/23--01036--005 *+43.75

2023 HAR 28 PH 2: 38

COVER LETTER

Division of Corporations NAME OF CORPORATION: GOLD AND LANGE TWO DOCUMENT NUMBER: P060000 2165 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ujsaval Patel
Name of Contact Person Craytrikrupa Inc 219 E. North Bind.

Address

Leesbury, FL, 34748

City/ State and Zip Code UJAYOSQ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **S**43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P0600002165
(Document Number of Corporation (if known)

resugnt to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

\sim	18	The nev
	nc," or "Co". A profes	o," or "incorporated" or the abbreviation "Corp., sional corporation name must contain the wor
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		618
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		NIA
). <u>If amending the registered agent and/or regi</u> new registered agent and/or the new register	ed office address:	lorida, enter the name of the
		lorida, enter the name of the
new registered agent and/or the new register	ed office address:	ess)
new registered agent and/or the new register Name of New Registered Agent	ed office address:	ess)
new registered agent and/or the new register	ed office address:	ess)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Remove

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.

X_Change	<u>PT</u>	John Doc	
X Remove	<u>v</u> .	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		Ruchit Pater	Leesburg, FL 34748
Remove 2) Change			
Add Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			

ich additional shee	ets, if necessary	Articles, enter cha y). (Be specific)			
 ·		719		 	
				· · · · · · · · · · · · · · · · · · ·	•••
					
				· · · · · · · · · · · · · · · · · · ·	.
	<u> </u>				
					
			 		
	 				
				 	
. <u></u>					
amendment pro	vides for an e	xchange, reclassif	ication, or cance	<u>llation of issued :</u>	shares,
visions for imple (if not applicable	menting the a	mendment if not (contained in the	amendment itsel	<u>f:</u>
		414			
· · ·					
					

The date of each amendment(s) adoption:	0110	1/2022	, if other than the
date this document was signed.	01/01/	2022	
Effective date <u>if applicable</u> :	(no more than 90	days after amendment fil	e date)
Note: If the date inserted in this block does n document's effective date on the Department of		ble statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s) (CE	IECK ONE)		
The amendment(s) was/were adopted by the action was not required.	incorporators, or bo	oard of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of votes cast for	he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s) was/were	sufficient for approval	
by	ing group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(10)			
Dated_ 03 23	73		
Dated 03 [23] Signature	•		
(By a director, pres	orporator - if in the	er – if directors or officers hands of a receiver, truste	
ذن	javal '	19409	
	Typed or printed na	ame of person signing)	
- Cx	esigent	(620)	
(Title of person sign	ning)	<u>-</u>