# P06000103400

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (2-3-3-3-4)                             |
| 0.85.10                                 |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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600148513846

04/10/09--01013--030 \*\*35.00



Miller

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: RISHA II                                | NC OF TAMPA  | <b>+</b>  |
|--|--|---|
| DOCUMENT NUMBER: P06000103400                                |  |   |
| The enclosed Articles of Amendment and fe                    | e are submitted for filing.  |   |
| Please return all correspondence concerning                  | this matter to the following:  |   |
|  | VIPUL PATEL  |   |
| (Nan   | ne of Contact Person)  |   |
|  | RISHA INC OF TAMPA (Firm/ Company)                                   |   |
| ·  |  |   |
| 75   | 29 N ARMENIA AVE   | <u>.                                      </u>  |
|  | (radios)   |   |
|  | TAMPA, FL 33604<br>/ State and Zip Code)                             | <del></del> _   |
| For further information concerning this matter               | •  |   |
| VIPUL PATEL  | at ( <u>813</u> ) <u>932-0582</u>                                    |   |
| (Name of Contact Person)                                     | (Area Code & Daytime Tele  | -   |
| Enclosed is a check for the following amount                 | t made payable to the Florida Departn                                | nent 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) |
| Mailing Address Amendment Section                            | Street Address Amendment Section                                     |   |
| Division of Corporations P.O. Box 6327                       | Division of Corporations Clifton Building                            |   |
| Tallahassee, FL 32314  | 2661 Executive Center Circle<br>Tallahassee, FL 32301                | -   |

### **Articles of Amendment Articles of Incorporation**

|  | IA INC OF TAMPA                |                                      |
|--|--------------------------------|--------------------------------------|
| (Name of Corporation as cu   | rrently filed with the Florida | Dept. of State)                      |
| P06000103400   |                                | EF OF 3                              |
|  | Number of Corporation (if know | n) FS N                              |
| ·  | •                              | 22 5                                 |
| Pursuant to the provisions of section 607.   |                                | orida Profit Corporation atopts the  |
| following amendment(s) to its Articles of In   | corporation:                   |                                      |
| A. If amending name, enter the new nam   | e of the corporation:          |                                      |
|  |                                |                                      |
| The new name must be distinguishable "incorporated" or the abbreviation "Corp" ("Co". A professional corporation nassociation," or the abbreviation "P.A." | .," "Inc.," or Co.," or the de | esignation "Corp," "Inc," or         |
| B. Enter new principal office address, if  | applicable:                    |                                      |
| (Principal office address MUST BE A STR  |                                |                                      |
|  |                                |                                      |
|  |                                |                                      |
|  |                                |                                      |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF   |                                |                                      |
| (muning numers MAT BE ATOST OF   | TICE BOX                       |                                      |
|  | <del></del>                    |                                      |
|  |                                |                                      |
|  | ·                              |                                      |
| D. If amending the registered agent and/   |                                | Florida, enter the name of the       |
| new registered agent and/or the new r  | egistered office address:      |                                      |
| Name of New Registered Agent:  |                                |                                      |
| name of thew negation out 11 germ.   |                                |                                      |
|  |                                | 1.7                                  |
| New Registered Office Address:   | (Florida street ad             | aress)                               |
|  |                                | , Florida                            |
|  | (City)                         | (Zip Code)                           |
| New Degistered Agent's Signature if she  | nging Registered Agent:        |                                      |
| New Registered Agent's Signature, if cha I hereby accept the appointment as regist position.   | ered agent. I am familiar wii  | th and accept the obligations of the |
|  |                                |                                      |
| -  | 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>  | <u>Address</u>   | Type of Action               |
|--------------|--|--|------------------------------|
| <u>P</u>     | SHANTILAL PATEL  | 7529 N ARMENIA AVE<br>TAMPA, FL 33604  |                              |
|              |  |  | Add<br>Remove                |
|              | X  |  |                              |
|              | ading or adding additional Articles, and additional sheets, if necessary). (Be                         |  |                              |
|              |  |  |                              |
|              |  |  |                              |
|              | 44   | ***  |                              |
| provis       | mendment provides for an exchang<br>ions for implementing the amendme<br>not applicable, indicate N/A) | e, reclassification, or cancellation of<br>ent if not contained in the amendme | issued shares,<br>nt itself: |
|              |  |  |                              |
|              |  |  |                              |
|              |  |  |                              |
|              |  |  | <del></del>                  |
|              |  |  |                              |

| Th  | e date of each amendment(s) adoption: 01/01/2009   |
|-----|--|
| Efi | fective date if applicable: 01/01/2009   |
|     | (no more than 90 days after amendment file date)   |
| Ad  | option of Amendment(s) (CHECK ONE)   |
|     | The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
|     | The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
|     | "The number of votes cast for the amendment(s) was/were sufficient for approval  |
|     | by" · · · (voting group)   |
|     | (voting group)   |
|     | The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| ☑   | The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
|     | Dated_04/08/2009   |
|     | Signature Shantilas, Putol.  |
|     | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court                                |
|     | appointed fiduciary by that fiduciary)   |
|     | SHANTILAL PATEL  |
|     | (Typed or printed name of person signing)  |
|     | PRESIDENT  |
|     | (Title of person signing)  |