

PO6000103400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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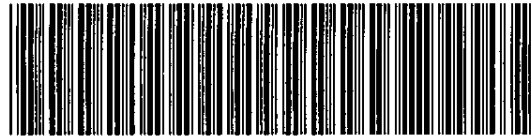
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RISHA INC OF TAMPA

DOCUMENT NUMBER: P06000103400

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIPUL PATEL

Name of Contact Person

RISHA INC OF TAMPA

Firm/ Company

20544 BROADWATER DR

Address

LAND O LAKES FL 34638

City/ State and Zip Code

VINCE7215@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIPUL PATEL

Name of Contact Person

at ( 813 )

784-7169

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 &  
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  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2011

VIPUL PATEL  
20544 BROADWATER DR  
LAND O LAKES, FL 34638

SUBJECT: RISHA INC OF TAMPA  
Ref. Number: P06000103400

We have received your document for RISHA INC OF TAMPA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please be very specific in the new information about officers/directors. Who is being remove and who is staying. Please see enclosed printout.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 611A00019678



**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>	<u>Type of Action</u>
VP	PATEL, JAYABEN	7529 N ARMENIA AVE TAMPA FL 33604	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	PATEL, VIPUL	7529 N ARMENIA AVE TAMPA FL 33604	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	PATEL, MANISHA	7529 N ARMENIA AVE TAMPA FL 33604	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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**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>	<u>Type of Action</u>
<u>P</u>	<u>JAYA PATEL</u>	<u>20544 BROADWATER DR</u> <u>LAND O LAKES FL 34638</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>VIPUL PATEL</u>	<u>20544 BROADWATER DR</u> <u>LAND O LAKES FL 34638</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T</u>	<u>MANISHA PATEL</u>	<u>20544 BROADWATER</u> <u>LAND O LAKES FL 34638</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 8-19-11  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption 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)

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 8/19/2011

Signature Vipul Patel

(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)

VIPUL PATEL  
(Typed or printed name of person signing)

VICE PRESIDENT  
(Title of person signing)