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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KRISHNA UNITE	D INC		
DOCUMENT NUME	BER:			
	of Amendment and fee are sub	omitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	SAMIR PATEL			
Name of Contact Person				
	KRISHNA UNITED INC			
	····	Firm/ Company		
	145 PALM BAY RD UNIT #	118-119		
Address				
WEST MELBOURNE, FL 32904				
•		City/ State and Zip Code	ę	
JIGPA	ATEL74@YAHOO.COM			
	_	ed for future annual report	notification)	
		·		
For further information	n concerning this matter, please	e call:		
SAMIR PATEL		at (<u>321</u>	953-1237	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	ayable 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)	
Ame Divi- P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment ion

to
Articles of Incorporat
(Name of Corporation as currently filed w

vith the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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.

X Change	<u>PT</u>	John D	<u>toe</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	OFFIC	CE 	BHUPENDRABHAI G PATEL	4107 ANLOW RD.
Add				WEST MELBOURNE, FL 32904
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<u></u>	_		
Add				
Remove				

f amending or adding additional a Attach additional sheets, if necessar	ry). (Be specific)			
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f an amendment provides for an e	exchange, reclassif	<u>ication, or cancella</u>	tion of issued sha	es,
provisions for implementing the a (if not applicable, indicate N/A	imendment if not c	ontained in the am	endment itself:	
(if not applicable, indicate N/A	ı)			
	· 			
	·			

date this document was signed		er than the
Effective date if applicable:	01/02/2016	
<u> </u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be little Department of State's records.	sted as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	07/20/20/6 D. Samis Patel	
Signatura	Demis Patel	
Signature()	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	
a	appointed fiduciary by that fiduciary)	
	& Samir Patel	
	(Typed or printed name of person signing)	_
	@ President	
	(Title of person signing)	_