P07000109749

| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
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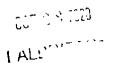


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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR | ATION: GITA OF LAKE O | CITY INC | | | |
|--------------------------|--|--|--|--|--|
| DOCUMENT NUMB | SER: P07000109749 | | | | |
| | of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | | |
| | DHIMANT SONI | | | | |
| | | Name of Contact Person | 1 | | |
| | | Firm/ Company | | | |
| 115 SW ENCHANTED COURT | | | | | |
| • | | Address | | | |
| | LAKE CITY, FL 32024 | | | | |
| • | | City/ State and Zip Code | 2 | | |
| | dsoni0224@yahoo.com | | | | |
| • | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information | concerning this matter, plea | se calt: | | | |
| DHIMANT SONI | | at (<u>386</u> | 365-1988 | | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | |
| ■ \$35 Filing Fee | ☐S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Ame Divis | ing Address ndment Section sion of Corporations Box 6327 | Amend Divisio | Address ment Section n of Corporations entre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| C | ITA | OF | LAKI | \cdot \cdot | TY | INC |
|---|-----|----|------|-----------------|----|-----|
| | | | | | | |

| (<u>Name</u> | of Corporation as currently | filed with the Florida Dept. of State) | |
|---|---------------------------------|---|------------------|
| P07000109749 | | | |
| | (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607 ts Articles of Incorporation: | .1006, Florida Statutes, this J | Florida Profit Corporation adopts the follow | ing amendment(s) |
| A. If amending name, enter the new n | ame of the corporation: | | |
| | | | The new |
| | Corp," "Inc," or "Co". A | ompany," or "incorporated" or the abbrevia professional corporation name must cont | |
| 3. Enter new principal office address, Principal office address <u>MUST BE A S</u> | | | |
| | | | 7 |
| | | | <u> </u> |
| . Enter new mailing address, if appl (Mailing address MAY BE A POST | | | |
| | · <u>···</u> · | | ا دیره |
| | | | 27 |
| | | | |
| If amending the registered agent ar new registered agent and/or the new | | | 20 |
| Name of New Registered Agent | DHIMANT SONI | | |
| | | | |
| | (Florida stre | et address) | |
| New Registered Office Address: | | , Florida | <u> </u> |
| | ′ | (Zip) |) Code) |
| | | | |
| iew Registered Agent's Signature, if c hereby accept the appointment as regist | | ith and accept the obligations of the position | |
| | la la | gistered Agent, if changing | _ |
| | Signature of New Re | gistered Agent, if changing | |
| | | | |

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:

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 Doe | <u>:</u> | |
|-------------------------------|--------------------------|----------|---------------|------------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jon | <u>nes</u> | |
| X Add | <u>SV</u> | Sally Sm | <u>ith</u> | |
| Type of Action (Check One) | Title | | <u>Name</u> | <u>Addres</u> s |
| I) Change | P | | SONI, GITA | 115 SW ENCHANTED COURT |
| Add | | | | LAKE CITY, FL 32024 |
| Remove 2) Change | P | | SONI, DHIMANT | 115 SW ENCHANTED COURT |
| X Add | | | | LAKE CITY, FL 32024 |
| Remove Change | | | | |
| Add | | | | |
| Remove 4) Change | | · | | |
| Add | | | | |
| Remove 5) Change | | <u> </u> | | |
| Add | | | | |
| Remove 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

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| The date of each amendment(s) date this document was signed. | adoption: | · · · · · | _, if other than the |
|---|--|---|----------------------|
| date this document was signed. | | | |
| Effective date <u>if applicable</u> : | | | |
| | (no more | than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | | e applicable statutory filing requirements, this date will reords. | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ON</u> | <u>E</u>) | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporate | ors, or board of directors without shareholder action and s | hareholder |
| The amendment(s) was/were a by the shareholders was/were | , - | ers. The number of votes east for the amendment(s) | |
| | | lers through voting groups. The following statement itled to vote separately on the amendment(s): | |
| "The number of votes ca | st for the amendment(s) | was/were sufficient for approval | |
| by | | , | |
| • | (voting group) | | |
| 09/11/20/ Dated | 20 | | |
| Signature | | <u> </u> | _ |
| | | ner officer – if directors or officers have not been | |
| | ted, by an incorporator – inted fiduciary by that fid | if in the hands of a receiver, trustee, or other court luciary) | |
| | DHIMANT SONI | | |
| | (Typed or p | orinted name of person signing) | |
| | PRESIDENT | - Ll | |
| | (Title of per | rson signing) | |