## PG8000039075

(1	Requestor's Name)
	Address)
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(,	Address)
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(	Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KARAN'S ENTER	PRISES INC	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this made	ter to the following:	
	BOB PATEL		
-		Name of Contact Person	l
	KRISHNA MULTI SERVIC	ES	
-		Firm/ Company	
	2323 TOPAZ ISLE LANE	-	
-		Address	
	APOPKA, FL-32712		
-		City/ State and Zip Code	
KMS	1@LIVE.COM		
	<del>-</del>	sed for future annual report	notification)
For further information BOB PATEL	concerning this matter, pleas	se call: at (407	710-5818
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		•
■ \$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 Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KARAN'S ENTERPRISES INC		
(Name of Corporation as current	y filed with the Florida Dept. of S	State)
P08000039075		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ' word "chartered." "professional association," or the abbreviation	'Co". A professional corporation	d" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3386 SE 54th AVE	
	OCALA, FL-34480	
D. If we will be a selected and analysis and office add	uses in Elevido, enter the name of	· the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		the
Name of New Registered Agent		<del></del>
	- Late - Table	<u>.</u>
(Florida st	reet address)	
New Registered Office Address:	Flo	
	(Ciņy)	(Zip Code)
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 i	he position.
		55
Signature of New 1	Registered Agent, if changing	<u> </u>
	g manus y m gma	
Signature of New 1	Registered Agent, if changing	17 CO 37

## 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.

Example: X Change	PT	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
t) Change	P	PARVADIA BHAVANA	3000 SE 46th AVE
Add			OCALA, FL-32712
X Remove			
2) Change	РТ	PAVASIA JAWAHAR	3386 SE 54th AVE
X Add			OCALA, FL-34480
Remove			
3 ) Change			
Add			
Remove			
4) Change		_	
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
, , , , , , , , , , , , , , , , , , , ,	
f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	

The date of each amendment(s) and date this, document was signed.	doption: If other than t
09/0	08/2016
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
09/08/2010 Dated	6
Signature	B. J. Parvada
(By a c selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court eted fiduciary by that fiduciary)
	PARVADIA BHAVANA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)