P0900018105

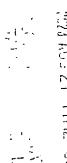
(Re	equestor's Name)	
(110	Addition a Hame)	
	idress)	
(AC	iuless)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
,	4	
	- :	

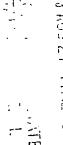




700414196007

08/21/23--01028--020 **52.50





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SHREE SAINATH INC.	
NAME OF CORPORATION: SHREE SATNATH INC. DOCUMENT NUMBER: PO 9000018105	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JAGADISH GOSWAMI Name of Contact Person	
Name of Contact Person	
SHREE SAINATH INC. Firm/Company	
Firm/ Company	
410 S ORANGE AUE,	
Address	
GREEN COVE SPRINGS, FL, 32043.	
City/ State and Zip Code	<u>. </u>
<u>Green covernell</u> G gmail.com. E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JAGADISH (JACK) GOSWAMT at (904) 234 5 Name of Contact Person Area Code & Daytime Telep	483. (E) ohone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	21
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing I	Fee SH SH

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

SHREE SAINATH INC		
	filed with the Florida Dept. of State)	
P09000018105		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
N/a	The new	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	NA.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	MAN S COMMICS AND	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	410 S ORANGE AVE	
	green cove springs,	
	FL, 32043.	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:	·0 목	
Name of New Registered Agent JAGAOISH 40SU	UAMI.	
2028	MAY den forest pluce	
i unau sire	Illund Florida 320037	
	- 1 - 1 to ton	
·	City) (Zip Code) ?:	
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
)	
J.P.Covi	Jums >	
Signature of New Re	gistered Agent, if changing	

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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 Remove X Add Type of Action (Check One)	_	Jones Smith Name	<u>Addres</u> s
Type of Action	Title		Address
		<u>Name</u>	Address
	DP		
I) Change		JUSTIN PATEL	2383 WHITESAND DR
Add Remove			JACKGONVILLE, FL, 32216.
2) Change Add	_D	CHINTAN K PATEL	2383 WHITESAND DR JACKSONVILLE, FL
Remove Change		NA.	32216.
Add Remove 4) Change Add	<u>DPS</u>	JAYADISH GOSWAMI	2028 ARDEN FOREST PL FLEMING ISLAND, FL
Remove 5) Add	DP	FALGUNI M PATEL	32003. 94 SAN MARCO AVE ST. AUGUSTINE, FL
Remove 6) Change Add Remove		<u>~/a</u>	37084 N

tach additional sheets, if necessary).	مالم	
	N/A -	
	1	
·		
		
		<u> </u>
	<u> </u>	
<u> </u>		
an amendment provides for an excl	hange, reclassification, or cancellation of issued s	ha <u>res.</u>
rovisions for implementing the ame	endment if not contained in the amendment itself	<u>i:</u>
(if not applicable, indicate N/A)	1	<i>가</i> ㅋ;;;
	N t	<u></u>
		• -
		
		. 1
		, NE
<u></u>		<u> </u>
	11.10	

The date of each amendment(s) adoption:	NA	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	NA - re than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet t	the applicable statutory filing requirements,	, this date will not be listed as the
document's effective date on the Department of State's r	records.	
Adoption of Amendment(s) (CHECK O)	<u>NE</u>)	
The amendment(s) was/were adopted by the incorporation was not required.	rators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.		ndment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group en		
"The number of votes cast for the amendment(s	s) was/were sufficient for approval	
by	<i>p)</i>	
Dated 8/17/23.		
· · · · · · · · · · · · · · · · · · ·	other officer – if directors or officers have no – if in the hands of a receiver, trustee, or offiduciary)	
JAGADISHI (Timpela)	GOSCAMT : r printed name of person signing)	2023 i
	r printed tame of person signing)	US 21
Director.		
(Title of p	person signing)	Fa12: 06
		Pr. 12
		7. T. B. 1906