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SECRETARY OF STATE
TALLAHASSEF, FINAITE

Amend

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & ☐ \$52.50 Filing Fee S35 Filing Fee **□ \$**43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

PARTARY AN SELL **Articles of Amendment Articles of Incorporation** (Name of Corporation filed with the Florida Den 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: Florida (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 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)

Title	Name	Address	Type of Action
<u>VP</u>	BIMAL Desai	6915 Red Rd #200 Coral Gabes, FL 33/43	⊠ Add □ Remove
THE SECOND SECON			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	ional sheets, if necessary). (Be specific	·)	
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		
	N/A	;	
			··· · · · · · · · · · · · · · · · · ·
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The date of each amendment(adoption: 2010 (date of adoption is required)				
Effective date <u>if applicable</u> :	(no more than 90	days after amendme			
Adoption of Amendment(s)	(CHE	CK ONE)			
The amendment(s) was/were by the shareholders was/were	e adopted by the shore ap	nareholders. The nu proval.	mber of vote	es cast for the an	nendment(s)
The amendment(s) was/were must be separately provided					
"The number of votes c	ast for the amendn	nent(s) was/were sui	fficient for a	pproval	
by	(voting group)				
The amendment(s) was/were action was not required.	e adopted by the be	oard of directors wit	hout shareh	older action and	shareholdei
The amendment(s) was/were action was not required.	adopted by the in	acorporators without	shareholder	action and share	eholder
Dated	8/2/1	D	$\Lambda_{\mathcal{O}}$		
selec		nt or other officer – i orator – if in the hand that fiduciary)			
	(Type	PEMAR d or printed name of	- De	Su ning)	,
		fresi	dent	1 .	
	t Hille of r	person signing)			