(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(Cit	ty/State/Zip/Phone	= #)
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$\underline{\textbf{COVER}\ \textbf{LETT}\underline{\textbf{ER}}}$

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Maya Foods, Inc.	
DOCUMENT N	JMBER:	P09000085535	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning the	his matter to the following:	
		Braj Aggarwal	
		Name of Contact Person	
	E	Braj Aggarwal, CPA	
		Firm/ Company	
35-3		6 76th Street, Apt. #103	
		Address	
		son Heights, NY11372	
	•	City/ State and Zip Code	
	bagga E-mail address: (to be us	arwal@nyc.rr.com sed for future annual report notification)	
For further inform	ation concerning this matter	r, please call:	
Bra	aj Aggarwal, CPA	at (212) 2	30-2636
	e of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Depar	tment 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)
P.O. Box 6	nt Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building	1.
i ananasse	e, FL 32314	2661 Executive Center Circ	IC

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

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LOUY DE	521	4.	
SECRETA ALLAHAS	ARY U	ESTAY	52 -

Maya Foods, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) EE. FLORIDA P09000085535 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

Ma	ya Childcare, Inc.	The
ame must be distinguishable and contai bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "p	the designation "Corp," "Inc.	," or "Co". A professional corpora
3. Enter new principal office address, if a Principal office address <u>MUST BE A STRA</u>		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		···
D. If amending the registered agent and/o new registered agent and/or the new re		1 Florida, enter the name of the
		n Florida, enter the name of the
new registered agent and/or the new re		·
new registered agent and/or the new re Name of New Registered Agent:	egistered office address:	·

Page 1 of 3

removed a	ng the Officers and/or Directors, ente and title, name, and address of each C	officer and/or Director being	g added:
(Attach add	ditional sheets, if necessary)		
Title	<u>Name</u>	Address	Type of Action
 			
			Remove
٠			
E. <u>If amen</u>	iding or adding additional Articles, ei	nter change(s) here:	
	additional sheets, if necessary). (Be s		
···			
			
	mendment provides for an exchange, ions for implementing the amendmen		
(if	not applicable, indicate N/A)	t it not contained in the and	endment usen:
•			
			· · · · · · · · · · · · · · · · · · ·
·•,			
			_

The date of each amendment	(s) adoption: 12/14/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ad for 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 12/1 Signature	4/2009 Allumi
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Hemant Sharma
	(Typed or printed name of person signing)
	President
	(Title of person signing)