## P10000011240

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(Cit	y/State/Žip/Phone	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amund (a 4/15/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	RATION: Super VRV, Inc		
DOCUMENT N	UMBER:	P10000017240		
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
,	<u></u>	B D Stewart	<u></u> .	
		Firm/ Company		
		8031 Ebersol Rd Address		
	Jac	ksonville, FL 32216		
		ity/ State and Zip Code		
	billy_stev E-mail address: (to be use	vart@bellsouth.net d for future annual report nonfication)		
For further inform	nation concerning this matter,	please call:		
	B D Stewart c of Contact Person	at ( 904 ) 72	21-2649 ephone Number	
Enclosed is a chec	k for the following amount m	nade 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)	
Mailing A	ddress	Street Address		

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	per VRV Inc	
(Name of Corporation as curr		a Dept. of State)
P10	0000017240	a Dept. of State)
	mber of Corporation (if known	<del></del>
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	)6, Florida Statutes, this Fl	lorida Profit Corporation adopts the
If amending name, enter the new name o	of the corporation:	
ne must be distinguishable and contain	<u> </u>	The
reviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro-	ē designation "Corp," "Inc	," or "Co". A professional corpora
Enter new principal office address, if appincipal office address <u>MUST BE A STREI</u>		H-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T
	<del>-</del>	
Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFF)</u>	<u>CE BOX</u> )	
		n Florida, enter the name of the
		n Florida, enter the name of the
		n Florida, enter the name of the
new registered agent and/or the new reginate Name of New Registered Agent:	istered office address:	<del></del>
new registered agent and/or the new regi		<del></del>
	istered office address:	<del></del>

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)

<u>Title</u>	<u>Name</u>	Address	_	,	Type of Action
<u>VP</u>	Rupesh Patel				☐ Add
					☑ Remove
					□ Add
			~		Remove
				<del></del>	
					☐ Add ☐ Remove
		· .		<u> </u>	: -
	ling or adding additional Articles, er		ere:		
(attach aa	lditional sheets, if necessary). (Be sp	pecific)			
				<del></del>	<del></del> .
			<del></del>	<u></u>	
<del></del>		<del></del>	<del></del>		
<del></del>					
					<u></u>
	endment provides for an exchange,	reclassification	, or cancellat	ion of issue	ed shares.
F. If an am	ne for implementing the amendment	t if not contains	d in the ame	idmant its	alf:
<u>; provisio</u>	ns for implementing the amendmen of applicable, indicate N/A)	t if not containe	ed in the ame	ndment its	elf:
<u>iprovisio</u> i (if no	ns for implementing the amendmen of applicable, indicate N/A)	t if not containe	ed in the ame	ndment its	elf:
<u>iprovisio</u> i (if no	ns for implementing the amendmen of applicable, indicate N/A)	t if not containe	ed in the ame	ndment its	elf:
<u>iprovisio</u> i (if no	ns for implementing the amendmen of applicable, indicate N/A)	t if not containe	ed in the ame	ndment its	elf:
<u>iprovisio</u> i (if no	ns for implementing the amendmen of applicable, indicate N/A)	t if not containe	ed in the ame	ndment its	elf:
<u>iprovisio</u> i (if no	ns for implementing the amendmen of applicable, indicate N/A)	t if not containe	ed in the ame	ndment its	elf:
<u>iprovisio</u> i (if no	ns for implementing the amendmen of applicable, indicate N/A)	t if not containe	ed in the ame	ndment its	elf:

The date of each amendment	(s) adoption: 6/11/2010 :
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	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 of 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)
action was not required.  The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_6/11	/2010
Signature	Proth Pytel
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Parth D Patel
	(Typed or printed name of person signing)
	Président
	(Title of person signing)