## P10000021637

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Дось	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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TILED 10 JUN 22 PM & 56 SECRETARY OF STABILITY

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORI	PORATION: <u>SHRT</u>	SHAKTI KRUPA	TAC
DOCUMENT NU	JMBER:		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	ZALA VAM	RAJSTNIH P ame of Contact Person	
	5HRI 5H	AKTI KRUPA IMC Firm/Company	
	3606 MAHA	M DRTVC Address	
	TAMAHASSE,	F - 30308 ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
ZOLA VAL	RAJ SF144 of Contact Person	at ( <u>352</u> ) <u>316</u> Area Code & Daytime Te	5164 lephone Number
Enclosed is a check	k for the following amount n	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Ao</u> Amendmen		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment

to

Articles of Incorporation

of	FILED
Shri Shakti Krupa	2 Inc
(Name of Corporation as currently filed with	the Florida Dept. of Shally N 22 Dail 725 36
P10000021637	SECRETARY OF STATE TALLAHASSEELFLORIDA
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
•	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations and the word "chartered," "professional associations are must contain the word "chartered," "professional associations are must contain the word "chartered," "professional associations are must be distinguishable and contain the word "corpactions" and contain the word "corpactions" are must be distinguishable and contain the word "corpactions" and contain the word "corpactions" are must be distinguishable and contain the word "corpactions" are must be distinguishable and contain the word "corpactions" are must be designation to the designation of the designation of the designation are must contain the word "corpactions" are must be designated as a contain the word "chartered," "professional associations" are must be designated as a contain the word "chartered," "professional associations" are must be designated as a contain the word "chartered," "professional associations" are must be designated as a contain the word "chartered," "professional associations" are must be designated as a contain the word "chartered," "professional associations" are must be designated as a contain the word "chartered," "professional as a contain the word "chartered," "professiona	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE - FL
	32308
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO 804 476
	MAYO FL 32066
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
	isinh P. Zala
New Registered Office Address: 2626 (Flori	E Park Ave, Apt 14102
Tallah (City)	ASSEE , Florida 328015 (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.
Signatura of Nov	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> </u>			∠ □ Add □ Remove
lizector	ZALA VAMMAJIINU	3626 Mahan Tellehossee Fr	
	ng or adding additional Articles, enter		
(attach ada	litional sheets, if necessary). (Be speci	(fic)	
			<u> </u>
			<u> </u>
provision	endment provides for an exchange, recast for implementing the amendment if applicable, indicate N/A)		
provision	s for implementing the amendment if		
provision	s for implementing the amendment if		
provision	s for implementing the amendment if		
provision	s for implementing the amendment if		t itself:

The date of each amendment(	(s) adoption: $6-22-10$
The area in the	(s) adoption: 6-22-10 (date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	6-22-10 VPZdge
(By selection)	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	ZALA VAURA JJIMH (Typed or printed name of person signing)
	(Title of person signing)