(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORP	PORATION: BHR.	AMANIZOIO INC	
DOCUMENT NU	MBER: P1000	00058873	
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning th	nis matter to the following:	
		C PATEL Name of Contact Person	
_	BHRAMA	WI 2010 INC	
		Firm/ Company	
	114 SOUTH	CHESTNUT STREET	
- -		Address	
	TALLVIAN	LA - 71282	
•		City/ State and Zip Code	
	SHANSIMRA	N @ YAHOO. COM	•
	E-mail address: (to be us	sed for future annual report notification)	
For further informa	tion concerning this matter	, please call:	
SAMIR C	s PATEL	at (601) 415-	9683
Name	of Contact Person	Area Code & Daytime Tele	
Enclosed is a check	for the following amount	made payable to the Florida Depart	ment 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)
Mailing Ad Amendmen		Street Address Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment Articles of Incorporation

	Articles of Amendment to		014.56
A	Articles of Incorporation		11 JAN 25 PAIR 18
_	of		AN OFFICE
BHRAMANIA	010 INC		
(Name of Corporation as curre		Dept. of State)	1/2 1/2
<u>P10000058</u>		_	40
(Document Num	ber of Corporation (if known	n)	
uant to the provisions of section 607.1006	5, Florida Statutes, this Flor	ida Profit Corporation ad	opts the following
ndment(s) to its Articles of Incorporation:			
f amending name, enter the new name of	the corporation;		
			The new
e must be distinguishable and contain t			
eviation "Corp.," "Inc.," or Co.," or the e must contain the word "chartered," "proj			corporation
: must contain ine wora-cnarierea, - proj	tessionai association. Or in	e aboreviation - r.A.	
• •			
	licable:		_
	licable:		_
	licable:		_
	licable:	· · · · · · · · · · · · · · · · · · ·	_
ncipal office address <u>MUST BE A STREE</u>	licable: T ADDRESS)		-
ncipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable:	licable: TADDRESS)		-
ncipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable:	licable: TADDRESS)		
ncipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable:	licable: TADDRESS)		
ncipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable:	licable: TADDRESS)		
ncipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable: Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX	Florida, enter the name of	 the
Enter new principal office address, if apple apple of the first address	cegistered office address in I	Florida, enter the name of	
ncipal office address MUST BE A STREE MUST BE A STREET M	cegistered office address in I	lorida, enter the name of	
ncipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFIC</u>)	cegistered office address in I	lorida, enter the name of	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE) (If amending the registered agent and/or renew registered agent and/or the new registered agent.)	egistered office address in Intered office address:		
ncipal office address MUST BE A STREE MUST BE A STREET M	cegistered office address in I		
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE) (If amending the registered agent and/or renew registered agent and/or the new registered agent.)	cegistered office address in Intered office address:	<i>lress)</i> , Florida	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE f amending the registered agent and/or registered agent and/or registered agent.	egistered office address in Intered office address:	(ress)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE f amending the registered agent and/or registered agent and/or registered agent.	egistered office address in Intered office address: (Florida street address (City)	<i>lress)</i> , Florida	

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
LECTOR	PRAVINKUMAR PATEL	LOSS BROOKSTONE DR CAROL STREAM IL-60188	☐ Add
			☐ Add ☐ Remove
 			☐ Add ☐ Remove
provisions	ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A)		
		- · · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption	on: 01-19-2011
	(date of adoption is required)
Effective date if applicable:	(date of adoption is required) O 1 - 19 - 2011 than 90 days after amendment file date)
(no more	man 20 days after amenament fire dates
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statement 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 gro	oup)
action was not required.	by the board of directors without shareholder action and shareholder
action was not required.	by the incorporators without shareholder action and shareholder
DatedO \ - \	
Signature	1. N. Patel PRESIDENT.
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
	MANISH N. PATEL
	(Typed or printed name of person signing)
	PRESIDENT.
(7)	Γitle of person signing)