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09/14/11--01005--016 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	JMC JYOT2, INC.	* ****
DOCUMENT NUM	MBER:	P10000069608	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
	•		
		YANTIBHAI PATEL	
·	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	
		IMC JYOT2, INC.	
		Firm/ Company	
•	901	9 WOODVILLE HWY	
		Address	
,			
		AHASSEE, FL 32305 City/ State and Zip Code	
		nty/ State and Zip Code	
	SNPCP E-mail address: (to be use	A@YAHOO.COM and for future annual report notification)	
For further informati	ion concerning this matter,	please call:	
JAYA	NTIBHAI PATEL	at (917) 673-7571 Area Code & Daytime Telephone Num	
Name o	f Contact Person	Area Code & Daytime Telephone Nut	her
Enclosed is a check	for the following amount n	nade payable to the Florida Department of S	tate:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	(Additional copy is enclosed) Certifie	Filing Fee rate of Status ad Copy onal Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

F	ILED
1,14.7	
SECRETARY ALLAHASSE	PH 9: 22
ALLAHASSEE	FLORIDA

		AHAZEY BA
	JYOT2, INC.	a Dept. of State)
(Name of Corporation vs curi	ently filed with the Florid	a Dept. of State)
	000069608	
(Document Nur	nber of Corporation (if kno	own)
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this F.	lorida Profit Corporation adopts the follow
If amending name, enter the new some o	f the corporation:	•
ne must he distinguishable and contain		The new
previation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "pro	edesignation "Corp." "Inc	c," or "Co". A professional corporation
Enter new principal office address, if app		
incipal office address <u>MUST BE A STREE</u>	(TADDRESS)	• •
	<u></u>	<u> </u>
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI	<u>(E BOX</u>)	
If amending the registered agent and/or a new registered agent and/or the new regi		n Florida, enter the name of the
new registered agent and/or the new regi	steren omce adoress:	
Name of New Registered Agent:		
		<u> </u>
New Registered Office Address:	(Florida street a	uddress)
		, Florida
	(City)	(Zip Code)
v Registered Agent's Signature, if changi	no Registered Agent:	

Page 1 of 3

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	<u>Name</u>	Address	Type of Action
VP	KARTIKKUMAR PATEL	933 SPOTTSWOOD DRIVE TALLAHASSEE, FL 32308	_ ☐ Add ☐ ☑ Remove
<u> </u>	RITABEN G PATEL	933 SPOTTSWOOD DRIVE TALLAHASSEE, FL 32308	_ □ Add □ Remove
		-	
(attach ad	ling or adding additional Articles, end	ecifie)	
	,		
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		
<u></u>			
. .			

ne amendment(s)
llowing statemer dment(s):
and shareholder
shareholder
ave not been or other court