

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500308445545

01/31/18--01016--011 **35.00

S TALLENT FEB 0 2 2018

CHARLAL DESCRIPTION OF STATE

18 JAN 31 AN 8: 21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Marish Courier Ser	rvice Inc.	
DOCUMENT NUM	BER: P10000070620		
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Sharon Sookhai-Mahadeo / S	Narish Mahadeo	
		Name of Contact Perso	n
	Narish Courier Service Inc.		
		Firm/ Company	
	3119 Conrad Court	, ,	
		Address	
	Kissimmee, FL 34744		
		City/ State and Zip Cod	e
Nari	shNCS@gmail.com		
******		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Narish Mahadeo		at (908 4070
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Narish Courier Service Inc.			
(Name of	Corporation as currently	filed with the Florida Dep	t. of State)
P10000070620			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amendment(s) t
A. If amending name, enter the new nam	ne of the corporation:		
Narish Distribution & Delivery Services Inc	c.		r The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association. B. Enter new principal office address, if (Principal office address MUST BE A STR. C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ion "Corp," "Inc," or "C on," or the abbreviation "P applicable: REET ADDRESS)	o". A professional corpor	orated" or the abbreviation
D. If amending the registered agent and/new registered agent and/or the new r		ss in Florida, enter the nai	me of the
Name of New Registered Agent N	NA		
_			
N	(Florida stree	t address)	
New Registered Office Address:	IA (C	City)	, Florida (Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registered	inging Registered Agent:		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kenove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
	
 	
,	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable indicate M/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Percure Division in Li	February 1st, 2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this endeather applicable statutory filing requirements.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendmen re sufficient for approval.	ı(s)
	c approved by the shareholders through voting groups. The following stater I for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,"	
- ,	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Februa	ry 1st, 2018	
Dated Signature	Br3 plahadio	
(B)	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 copointed fiduciary by that fiduciary)	
	Sharon Sookhai-Mahadeo	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	