P10000080734

(Re	equestor's Name)	
(Ac	ddress)	
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OCT 16 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOTEL OF DOCUMENT NUMBER:	GOLCONDAA, INC. USA 734
The enclosed Articles of Amendment and fee an	
Please return all correspondence concerning this	s matter to the following:
YVETTE RASI	HID
UNIVERSAL AC	Name of Contact Person CCOUNTING & FINANCIAL SERVICES
2787 E OAKLA	Firm/ Company AND PARK BLVD STE 204
FORT LAUDE	Address RDALE, FL 33306 City/ State and Zip Code
	accountingfinancial.com be used for future annual report notification)
For further information concerning this matter,	please call:
YVETTE RASHID	at (954) 728-8982
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HOTEL GOLCONDAA, INC. USA			
(Name of Corporation as currently filed with	the Florida Dept. of Sta	<u>te</u>)	
P10000080734			
(Document Number of Corpora	ition (if known)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this <i>Florida Profit Corp</i>	oration adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corporati	on:		
			The new
name must be distinguishable and contain the word "corp "Corp" "Inc.," or Co" or the designation "Corp." "Inc, word "chartered," "professional association," or the abbrevio	" or "Co". A profession		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
(Principal office liquiess <u>BIOST BE A STREET ADDRESS</u>)	·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			3 550
			- 9 景麗
			- - - - - - - - - - -
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at		er the name of the	AN IO: 45
Name of New Registered Agent	······································		- 1
			3 .
(Flor	rida street address)		
New Registered Office Address:		. Florida	
	(Ciṇ)	(Zip Code)	
	,		
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan		ahligations of the mosition	
. , , ,		of the position.	•
Signature of New Regis	tered 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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	HOTEL GOLCONDAA	Kaka Baptista Chowk
Add			OFF. Keshav Shust:Road:
Remove			Uttan, PIN - 401 106
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
			
Remove			
6) Change			
Add			
_ Remove			

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

The date of each amendment(s) adoption: 10/04/2010	, if other than th
date this document was signed.	-
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/02/2013	
Signature Develor Find	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Douglas Fernandes	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	