P10000084420

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2010 NOV -1 AM 11: 03
SECRETARY OF STATE
TALLAHASSEF F. STATE

Amend

NOV - 4 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	RUSHI 2010 INC	
DOCUMENT NU	MBER:	P10000084420	
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	FALGUNIBEN PATEL		
	N	ame of Contact Person	
LAKESIDE FOOD MART			
Firm/ Company		Firm/ Company	
8141 H		8141 HWY 90	
		Address	
SNEADS, FL 32460			
		Tity/ State and Zip Code	
 	HKTAX104 E-mail address: (to be use	40@HOTMAIL.COM d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
FAL	GUNIBEN PATEL	at (229) 40)2-2640
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment of State:
	☐ \$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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	e

Articles of Amendment to **Articles of Incorporation**

20/	NON	ILED	
TALLA,	RETARY	AMII: 03	•
ate)	- SEE	FLORIDA	

RUSHI 2010 INC

(Name of Corporation as currently filed with the Florida Dept. of Sta P10000084420

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "C	Corp." "Inc," or "Co". A profession	
B. Enter new principal office address, if	-	8141 HWY 90	
(Principal office address <u>MUST BE A STR</u>	REET ADDRESS)	SNEADS, FL 32460	
			<u>. </u>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		30 PINE HILL CIR	
		CAMILLA, GA 31730	
D. If amending the registered agent and/ new registered agent and/or the new r			e of the
Name of New Registered Agent:	FALGUNIBE	EN A PATEL	
	8141 HWY 9	90	
Name of New Registered Agent: New Registered Office Address:	8141 HWY 9		

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)

<u>Title</u>	Name	Address	Type of Action
P	FALGUNIBEN PATEL	8141 HWY 90 SNEADS, FL 32460	☑ Add □ Remove
<u>P</u>	ASHOK PATEL	8141 HWY 90 SNFADS, FL 32460	☐ Add ☐ Remove
			Add Remove
(attach a	ding or adding additional Articles, end dditional sheets, if necessary). (Be sp	pecific)	
provisi	mendment provides for an exchange, ons for implementing the amendmen		
(if i	not applicable, indicate N/A)		

The date of each amendmen	(s) adoption: 10/15/2010	
Effective date <u>if applicable</u> :	10/15/2010 (date of adoption is requi	ired)
	(no more than 90 days after amendment file	e date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number ere sufficient for approval.	of votes cast for the amendment(s)
	re approved by the shareholders through voti d for each voting group entitled to vote separ	
"The number of votes	cast for the amendment(s) was/were sufficient	nt for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without	shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without share	eholder action and shareholder
Dated 10/2	7/2010	
Signature	X FARdel	
(B)	a director, president or other officer - if dire	ectors or officers have not been
sel	ected, by an incorporator - if in the hands of	a receiver, trustee, or other court
apı	ointed fiduciary by that fiduciary)	
	FALGUNIBEN PAT	EL
	(Typed or printed name of pers	on signing)
·	PRESIDENT	
	(Title of person signing)	