## P110000 20123

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SECRETARY OF STATE TALLAHASSEE, FI

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## **COVER LETTER**

TO: Amendment Section Division of Corporations GUMMAKONDA MARKETING INC NAME OF CORPORATION: P11000020123 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DILIP V JAMBHEKAR Name of Contact Person DILIP V JAMBHEKAR Firm/ Company 8260 NW 49 MANOR Address CORAL SPRINGS, FL 33067 City/ State and Zip Code DILIP2304@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DILIP V JAMBHEKAR Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## GUMMAKONDA MARKETING INC

Standard Comment		filed with the Floor	de Dant - Co-	•••		
(Name of Corporation	n as currently 1 P11000020		ua Dept. of Sta	<u>(e)</u>		
(Docume		Corporation (if know	/n)			
ursuant to the provisions of section 607.1006, Florida 9 s Articles of Incorporation:	Statutes, this <i>FI</i>	orida Profit Corpor	cation adopts the	: followin	g amen	dment(s)
. If amending name, enter the new name of the cor	rporation:					
					The	n <i>a</i> va
ame must be distinguishable and contain the word "cor Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrey	or "Co". A p				on "Cor	$p_{\cdot\cdot}$ "
Enter new principal office address, if applicable:						
Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u> )			53	20	
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If amending the registered agent and/or registered new registered agent and/or the new registered or		ss in Florida, enter	the name of the	<u>e</u>		
	inte uddie.si					
Name of New Registered Agent	<del> </del>	·			_	
	(Florida stree	t address)			-	
New Registered Office Address:			. Florida	1		
	(6.	Ίης)			Code)	
ew Registered Agent's Signature, if changing Regis	stered Agent:					
hereby accept the appointment as registered agent. $\ I$	am familiar wit	th and accept the ob	ligations of the p	position.		
<del></del> ,			<del>-</del> .		_	
Signat	ture of New Reg	istered Agent, if cha	inging			

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	GIRIJA GOTHASKAR	47 NW 70TH AVE.
Add			PLANTATION, FL 33324
X Remove			
2) Change	P	SHRUTHI REDDY	12301 SW 1ST ST,
X Add			PLANTATION, FL 33325
Remove 3 ) Change		_	
Add			<del></del>
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additiona	i Ai ticles, enter change(	sj nere.		
(Attach additional sheets, if necess	ary). (Be specific)			
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. If an amendment provides for a	ı exchange, reclassificati	<u>on, or</u> cancellation of i	issued shares,	
provisions for implementing the	<u>e amendment if not conta</u>	ined in the amendme	nt itself:	
(if not applicable, indicate N	<b>(</b> 4)			
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The date of each amendmen		, if other than the
date this document was signed	- 08/10/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fit	le date)
	this block does not meet the applicable statutory filing requi he Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
	re adopted by the shareholders. The number of votes cast for ere sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The feed for each voting group entitled to vote separately on the ame	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Signatur	8/10/2020 DDDDDDD	
se	by a director, president or other officer – if directors or officers elected, by an incorporator – if in the hands of a receiver, trust opointed fiduciary by that fiduciary)	
	GIRIJA GOTHASKAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>