P11 0000 90864

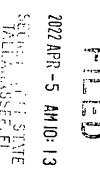
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KRISHNA OF TALLAHASSEE, INC.				
DOCUMENT NUMBER:	P11000090864				
The enclosed Articles of Amendment an	d fee are submitted for filing.				
Please return all correspondence concern	ting this matter to the following:				
	WILLIAM VASQUEZ				
	Name of Contact Person				
	A & A BUSINESS SERVICES, INC.				
	Firm/ Company				
	7751 KINGSPOINTE PKWY. SUITE 125				
	Address				
	ORLANDO, FL. 32819				
	City/ State and Zip Code				
	aabusinessfl@yahoo.com				
E-mail addre	ss: (to be used for future annual report notification)				
For further information concerning this r	natter, please call:				
William Vasquez	at (407) 383-7812 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following am	ount made payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Fili Certificate					
Mailing Address Amendment Section	Street Address Amendment Section				
Division of Corporatio P.O. Box 6327	ons Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314					

Taliahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

KRISHNA OF TALLAHASSEE INC.

2022 APR -5 AM 10: 13

(Name of Corporation as currer		
Watte of Corporation as Curren	ntly filed with the Flo	rida Depti of State)
P110	00090864	TALLAHASSEE, FL
(Document Number	of Corporation (if kno	own)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is <i>Florida Profit Corp</i>	oration adopts the following amendment(
. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A	A professional corp	rporated" or the abbreviation "Corp.,"
. Enter new principal office address, if applicable:	32563 BLUE ST	AR HWY
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIDWAY, FL 3	32343
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office ad	Idress in Florida, ent	er the name of the
. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		er the name of the
new registered agent and/or the new registered office addre	<u> </u>	
new registered agent and/or the new registered office addre		
new registered agent and/or the new registered office address Name of New Registered Agent	<u> </u>	
new registered agent and/or the new registered office address Name of New Registered Agent	<u>ess:</u>	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	ASIT P. PATEL	40 SAN BONITA VIEW
Add			HAVANA, FL. 32333
Remove			
2) X Change	VP	ROHINI PATEL	40 SAN BONITA VIEW
Add			HAVANA, FL. 32333
Remove Change		 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
_ Remove			

(Attach additional sheet	additional Artists, if necessary).	(Be specific)	<u>(010) 11010</u>		
					
		· · · · -			
					
					
			•		
					
•					
If an amendment prov provisions for impler	nenting the ame	ange, reclassific ndment if not co	ation, or cancellati ntained in the ame	on of issued shares, ndment itself:	
(if not applicable,	indicate N/A)				
RTICLE I: DECREASE	D SHARES FRO	M 80 TO 20 ROI	IINI A. PATEL		
DDRESS: 40 SAN BON	VITA VIEW HAV	/ANA, FL. 3233	3		
RTICLE I: INCREASE	SHARES FROM	20 TO 80 ASIT	PATEL		
DDRESS: 40 SAN BON	VITA VIEW HAV	/ANA, FL. 3233	3		
				·	
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		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by th action was not required.	ne incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amendmer approval.	n(s)
	the shareholders through voting groups. The following state on group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by		
(14)	oting group)	
selected, by an in	epident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other coarry by that fiduciary)	n ourt
	ASIT PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	