# P12000029202

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SECRETARY OF STATE TALLAHASSEE FI DOM:

C. LEWIS

NOV 2.2 2013

**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: JAI MATA DI INC DOCUMENT NUMBER: P12000029202 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAWAN KUMAR Name of Contact Person Firm/ Company 2025 E FOWLER AVE Address City/ State and Zip Code HARSHA.TAS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **PAWAN KUMAR** 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 & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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

APPROVED

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# SECRETARY OF STATE TALLAHASSEF, FLORIDA

#### **Articles of Amendment** tn Articles of Incorporation of

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JAI	IVIA	$\mathbf{I} \wedge \mathbf{D}$	

(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000029202	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend	lme

ent(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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.

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) Change	Р	PRITI ARORA	2025 E FOWLER AVE
Add			TAMPA
Remove			FL 33612
2) Change	<u>P</u>	PAWAN KUMAR	2025 E FOWLER AVE
Add			TAMPA
Remove			FL 33612
3) Change	VP	THILAKA DEVANATHAN	10121 SW 17TH CT
Add			DAVIE
Remove			FL 33324
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)  If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	Attach addition	or adding additional Arti	cles, enter change(s) here:	
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		SECRETARY OF STATE TALLAHASSEE. FL CHING than the
The date of each amendment(s) adopt	on:	TALLAHASSEE, FL ifforther than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amen	dment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes ent for approval.	cast for the amendment(s)
	d by the shareholders through voting group is voting group entitled to vote separately or	
"The number of votes cast for t	he amendment(s) was/were sufficient for ap	proval
by		."
, <u> </u>	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without sharehold	der action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder a	ction and shareholder
Dated 11/08/2013	<u> </u>	
Signature	siti Anna	
(By a direc	or, president or other officer - if directors of	or officers have not been
selected, by	an incorporator – if in the hands of a receifiduciary by that fiduciary)	ver, trustee, or other court
PF	ITI ARORA	
	(Typed or printed name of pe	erson signing)
PF	ESIDENT	
_	(Title of person signi	ing)