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11 /26/12

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: SHRI KRIS		ILLE INC.
DOCUMENT NUMB	ER: P1200004356	2	
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
	THAKKER AMIT	В	
- -		Name of Contact Person	1
-		Firm/ Company	
_	1114, SW 104TH	ST.	
		Address	· · · · · · ·
	GAINESVILLE-FL	32607	•
-		City/ State and Zip Code	e
nita	0725@yahoo.co	om	
		ed for future annual report	notification)
For further information	concerning this matter, please	e call:	
THAKKER ÁMÍT B		at (352	<u>284-6343.</u>
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Island of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment

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Articles of Incorporation of SHRI KRISHNA GAINESVILLE INC. (Name of Corporation as currently filed with the Florida Dept. of State P12000043562 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(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) N·Y, 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 streekadaress) New Registered Office Address: (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 <math>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	PT	John Doe		
X Remove	Y	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	VP	PATEL MAMTA N	1114, SW 104TH ST.	
Add			GAINESVILLE-FL-32607	
Remove				
2) Change	VP	THAKKER YATIT A	1114, SW 104TH ST.	
Add			GAINESVILLE-FL-32607	
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change	<u> </u>	NA		
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	Marie 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	triange, recrassification, or cancemation of issued shares,
(if not applicable, indicate N/A)	
	,
	\

The date of each amendment(s) adoption	n: <u>11-14-2012</u>		
Effective date if applicable: 11-14-2012			
<u>-</u>	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.		
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for the	e amendment(s) was/were sufficient for approval		
by	(voting group)		
☐ The amendment(s) was/were adopted to action was not required.	by the board of directors without shareholder action and shareholder		
The amendment(s) was/were adopted to action was not required.	by the incorporators without shareholder action and shareholder		
Dated//-14	-2012.		
Signature (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)			
• • • •	AMIT. B. THAKICER. (Typed or printed name of person signing)		
	PRESUENT		
-	(Title of person signing)		