P12000044719

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:ABHIRAM4021 II	NC	
P12000044719 DOCUMENT NUMBER:		-
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
NIMISHA PATEL		
<u> </u>	Name of Contact Person	1
ABHIRAM4021 INC		•
4021 NORTH TAMIAMI TR	Firm/ Company	<u> </u>
4021 NORTH TAIMIAMI TR	MIL	
	Address	
SARASOTA FL 34234		
 -	City/ State and Zip Code	3
APATEL.INSURANCE@GMAIL	COM	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
NIMISHA PATEL	941 at (266-2817
Name of Contact Person at () Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

ABHRAM4021 INC.					
P12000044719	on as currently f	iled with the Florida I	Derfill bit State	,	
(Docur	nent Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Fle</i>	orida Profit Corporatio	on adopts the follow	ving amer	ndment(s
A. If amending name, enter the new name of the co	orporation:				
				The	new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co	". A professional cor			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI					
(Principal office address <u>MOST BE A STREET ADD</u>	<u> Press</u>)			2	<u>.</u>
				=	
				====	—∷∷
C. Enter new mailing address, if applicable:	NE V			6	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(X</u>)			70	 ::
					
				99	
D. If amending the registered agent and/or register	red office address	s in Florida, enter the	name of the		
new registered agent and/or the new registered		in the lady career care	name of the		
Name of New Registered Agent					
<u>.</u>	(Florida street	address)		_	
New Registered Office Address:			, Florida		
and the same of th	(Ci	ty)		ip Code)	
New Registered Agent's Signature, if changing Reg					
I hereby accept the appointment as registered agent.	I am familiar with	and accept the obliga	tions of the position	1.	
Sign	nature of New Reg	istered Agent, if changi	ing		

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	PT John Doe	
X Remove	V Mike Jones	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	S NIMISHA PATEL	4021 NORTH TAMIAMI TRAIL
X Add		SARASOTA FL 34234
Remove		
2) Change	5 Ashish Pat	
_ X _ Add		sarasofa Fe 34234
Remove		
3) Change		
Add		
Remove		
4) Change	 	
Add		<u></u>
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
·	

	02/26/2017	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	0/00/0017	
U Effective date <u>if applicable</u> :	2/28/2017	
Effective date <u>n'applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
02/28/20		
Dated Signature	Patel K.M.	
sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	
	KALAVATI PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	