# P12000066825

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SECRETARY OF STATE.

C. LEWIS
7 2013
EXAMINER

#### **COVER LETTER**

DOCUMENT NUMBER:	PIZODOGGESS			
The enclosed Articles of Amendmen				
Please return all correspondence con	cerning this matter to the following:			
	ALPESH SHAH			
<u></u>	Name of Contact Person			
	DEION ENTER PRISE IN			
	ORION ENTER PRISE INC. Firm/ Company			
	908 S. DIN STRET			
11012	Address			
	TAMIN & 33665  City/ State and Zip Code			
City/ State and Zip Code				
·	ALPESH SHAH 555 & 9 mail 6.  Iddress: (to be used for future annual report notification)			
E-mail ac	Idress: (to be used for future annual report notification)			

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

TO: Amendment Section

**Division of Corporations** 

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy

□\$52.50 Filing Fee Certificate of Status Certified Copy

Area Code & Daytime Telephone Number

(Additional copy is enclosed)

(Additional Copy is enclosed)

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#### **Mailing Address**

Name of Contact Person

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

APPROVES AND FILED

### Articles of Amendment to Articles of Incorporation

13 NOV -5 PM 1: 40
SECRETARY OF STATE

BRION ENTERPASES (Name of Corporation as currently filed with the Florida Dept. of State) P12000066825 (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: 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 <u>MUST BE A STREET ADDRESS</u>) 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: ALPESH SHAH Name of New Registered Agent 908 S. D. H. STRET

(Florida street address) TAMPA , Florida\_ New Registered Office Address: 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.

Example: X Change	PT Jo	hn Doc				
X Remove	<u>V</u> <u>M</u>	Mike Jones				
X Add	<u>SV</u> <u>Sa</u>	ally Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change	PT	SALIM MERCHANT	9085.22 th STREET			
Remove  2) Change  Add	PT	ALPENKUMAR BIPINCHANDRA SHAH	908 S. D M START TAMPA, K 33605			
Remove 3) Change X Add Remove		SHITAL ALLESHKUMAK SHAH	908528 TEST			
4) Change Add Remove		· · · · · · · · · · · · · · · · · · ·				
5) Change						
Remove  6) Change Add Remove						

(Attach additional sheets, if necessary)	rticles, enter change. (Be specific)	<u>gola) note</u> .		
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If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassific endment if not co	ation, or cancellation ntained in the ame	on of issued shares, ndment itself:	
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	dI,	A	· · · · · · · · · · · · · · · · · · ·	
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APPROVED AND FILED

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The date of each amendment(s) add	option:		, if other than the
date this document was signed.		·	TATTALIARY OF STATE
Effective date if applicable:	November	4 # 2013	SECRETARY OF STATE TALLAHASSEE, FLORID,
	(no more than 90 days after an	nendment file date)	•
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of vot ficient for approval.	es cast for the amer	ndment(s)
	oved by the shareholders through voting gro each voting group entitled to vote separately		
"The number of votes east fo	or the amendment(s) was/were sufficient for	approval	
by	(voting group)	**	
	(voting group)		
The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareh	older action and sh	areholder
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder	r action and shareho	older
Dated	Ovember 4th 2013		
Signature	dal		
(By a dir	ector, president or other officer - if director	s or officers have no	ot been
selected,	by an incorporator - if in the hands of a rec	eiver, trustee, or oti	her court
appointe	d fiduciary by that fiduciary)		
	AL DECULE	201 116	
-	ALPESH KUMAR IS (Typed or printed name of	nerson signing)	DIGA SHAH
_	Ples.	10007	
	(Title of person sig	ming)	