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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COPPOI	RATION: GREAT HI	MALAYAN COR	PORATION	
DOCUMENT NUMI	D1300005641			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this mat	iter to the following:		,
	HARSHAD PATE	EL	·	
		Name of Contact Persor	TALE HASSE E FLORIG	gradi C
		Firm/ Company		;
	5904 BRIGHT GA	ALAXY LANE	355	
		Address		<u>邓</u>
	GREENACRES,	FL 33458	O.P.	w
		City/ State and Zip Code	300	
har	shadamin1@gma	il.com	7	
		sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	ee call:		
Harshad Pat	el	561	596-2520	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle	

Articles of Amendment to Articles of Incorporation of

GREAT HIMALAYAN CORPORATION	
(Name of Corporation as currently filed with the P1300056410	Florida Dept, of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	TALL DEC -8 AM 8:3
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered of fice addre	dress in Florida, enter the name of the
Name of New Registered Agent	A
New Registered Office Address: (City	street address) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	

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:	ove, ana sai	ny Smin, Dr as an Maa.	
X Change	<u>PT</u>	John Doe	DEC-8
X Remove	<u>v</u>	Mike Jones	SSI DE
X Add	<u>sv</u>	Sally Smith	TO 39
Type of Action (Check One)	Title	<u>Name</u>	Address Address
1) Change	VP	Harshad Amin	5904 BRIGHT GALAXY LAIVE
Add			GREENACRES, FL 33458
Remove			
2) Change	VP	Harshad Patel	904 BRIGHT GALAXY LANE
Add			GREENACRES, FL 33458
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			AND THE RESERVE OF THE PARTY OF
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ch additional sheets if necessary) (Remanife)	
sch additional sheets, if necessary). (Be specific)	等分 。
	ALL MANSON CONTRACTOR STORY
	
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amendment provides for an exchange, reclassification, or cancellation of is:	suad charac
visions for implementing the amendment if not contained in the amendment	itself:
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption: 12/02/2014	
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	品用
by" \times"	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	8 M 8: 31
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)	
Harshad Patel	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	