P14000005501

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	sy/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ν: G	SARDENIA7 INC)		
DOCUMENT NUMBER: _		P14000005501			
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.			
Please return all corresponden	ce concerning this mat	ter to the following:			
	i	DILIP V JAMBH	EKAR		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1		
		Firm/ Company			
	82	260 NW 49TH M	INR		
	Address CORAL SPRINGS FL 33067				
<u></u>	COIV	City/ State and Zip Code	······································		
	dili	p2304@yahoo.d	com		
E-		ed for future annual report			
For further information conce	rning this matter, pleas	se call:			
DILIP V JA	MBHEKAR	at (954_	, 6389449		
Name of Conta	act Person		de & Daytime Telephone Number		
Enclosed is a check for the fo	lowing amount made	payable to the Florida Depa	artment of State:		
	\$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)		
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	: Section Corporations 227	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

At ticles of Amenument

Articles of Incorporation

14 PES TO THE STATE OF THE STAT

GARDENIA7 INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P1400005501

(Document Number of Corporation (if known)

	he corporation:	
HIREN INC		The n
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	word "corporation," "company," or "incorporate Corp," "Inc," or "Co". A professional corporation the abbreviation "P.A."	ted" or the abbreviati
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>	able: ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent	zistered office address in Florida, enter the name ered office address:	of the
new registered agent and/or the new registe	ered office address:	of the
new registered agent and/or the new registe	ered office address:	of the
new registered agent and/or the new register	(Florida street address)	
new registered agent and/or the new register Name of New Registered Agent	(Florida street address)	of the (Zip Code)
new registered agent and/or the new register Name of New Registered Agent	(Florida street address)	

if amenuing the Officers and/or Directors, enter the title and name of each officer/officers 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<u></u>		
Add				
Remove				
4) Change		_		·
Add Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ch additional sheets, if necessary). (Be specific)
 .	
	
If a	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite 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	
by" (voting group)	
(voting group)	
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.	
Dated_FEBRUARY 11TH 2014	
Signature Moul - And	
(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)	
ANIRUDHA MIRYALA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	•