PIMODI3117

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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And

OCT 31 2016

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MANITS INVEST	I'MENT INC			
DOCUMENT NUMBER: P14000013117				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	itter to the following:			
DHRUV PATEL				
	Name of Contact Person			
PATEL & PATEL ACCOUN	NTING INC.			
	Firm/ Company			
4223 SW. 33RD ST				
	Address			
OCALA, FL 34474				
	City/ State and Zip Code			
PATELNPATEL@OUTLOOK.CO	DM			
_	sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
DHRUV PATEL	at (352) 301-7989			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
\$35 Filing Fee \$ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



16 OCT 28 PH 2: 08

(Name of Corpora	ation as currently filed with the Florida Dept. of State)
	and the state of t
(Doct	cument Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Flori Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the	corporation:
	The new
	vord "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applicab	
rincipal office address <u>MUST BE A STREET AL</u>	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
•	
If amonding the monitoring and analysis are to the second	
new registered agent and/or the new registere	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City), Florida (Zip Code)
	(Lip Comp
ew Registered Agent's Signature, if changing Re	
hereby accept the appointment as registered agent.	t. I am familiar with and accept the obligations of the position.
Sio	gnature 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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	YASHVANTKUMAR D. PATEL	1855 NE 127TH PL
X Add			ANTHONY, FL 32617
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remova			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	<u> </u>

	01/01/2016	
The date of each amendment(s date this document was signed.) adoption:	, if other than th
I Effective date <u>if applicable</u> :	0/01/2016	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate 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 east for the amendment sufficient for approval.	(s)
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	nent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
· 10/20/20 Dated	016	
· Signature	n A Gto	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other consisted fiduciary by that fiduciary)	
	MITALBEN PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	