P14000044920

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TÄLLÄHASSTÖLTLÖRIDA

C. GOLDEN

JUL 2 6 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: $\underline{\underline{\mathsf{MALADLINC}}}$ DOCUMENT NUMBER: P14000044920 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SREEDHAR MALADI Name of Contact Person 9745 Touchtan Rd unit 2105 JACKSONVILLE, FL 1 City/ State and Zip Code KAL@JNSASSOCIATE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VHAY PATEL _ at (407) 253-5330 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee. □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 JUL 24 PM 4: 34

MALADI INC		
(<u>Name</u>	of Corporation as curren	thy filed with the Florida Dept. of State)
P14000044920		100. 00.00 July 100
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new n	ame of the corporation:	
N.A		T(
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	The new- ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,		N.A
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if appl		N.A
(Mailing address <u>MAY BE A POST</u>	OFFICE BOA	
D. If amonding the registered agent ar	rd/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	N.A	
That is the resident light	-	
	(Florida s	treel address)
	N.A	,
New Registered Office Address:		(City) Florida (Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	it: 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.

X Change	PT	John Do	<u>oc</u>			
X Remove	Ā	Mike Jones				
X Add	<u>sv</u>	Sally Su	n <u>ith</u>			
Type of Action (Check One)	Title		Name	Address		
1) Change	P		MURALI KRISHNA KOTHURI	30 GREYLYNNE DR		
XAdd				Monroe Township, NJ 08831		
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Ađd						
Remove						
5) Change						
Add						
Remove						
6) Change	•					
Add						
Remove						

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
1	
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if an amendment provides for an exchange, reclassification, or cancellation of issued share	s.
provisions for implementing the amendment if not contained in the amendment itself:	=
(if not applicable, indicate N/A)	
1	
~ - · · · · · · · · · · · · · · · · · ·	
	

The date of each amendment(s) added this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file dute)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date w partment of State's records.	fill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were appropriate the separately provided for	roved by the shareholders through voting groups. The following statement cach 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)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
7/19/2017 Dated		
Signature	M	
(By a d selected	rector, president or other officer - if directors or officers have not been l, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	SREEDHAR MALADI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·