PHOLIC COLLY

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Secument Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300301226313

07/14/17--01020--011 **35.08

FILED

2017 AUG || AMII: 4.1

C. GOLDEN AUG 2 1 2017

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____TINU TWINS INC. DOCUMENT NUMBER: P 14000069646 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: S. MEHTA Name of Contact Person SCM & ASSOCIATES Firm/ Company P O BOX 13878 Address TAMPA, PL. 33681 City/ State and Zip Code smartbussolu@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: s mehta Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State. □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is 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

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



August 9, 2017

S. MEHTA POST OFFICE BOX 13878 TAMPA, FL 33681

SUBJECT: TINU TWINS INC. Ref. Number: P14000069646

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

You can check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 017A00016262

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Division of the power will be and the power with the power will be a power will be a power with the power will be a power with the power will be a power will be a power will be a power with the power will be a power will be a power will be a power with the power will be a power wi



July 31, 2017

S. MEHTA POST OFFICE BOX 13878 TAMPA, FL 33681

SUBJECT: TINU TWINS INC. Ref. Number: P14000069646

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can check only one (1) box for the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 917A00014723

Articles of Amendment to Articles of Incorporation of

FILED

TINU TWINS INC.

2017 AUG 1 1 AM 11: 41

(Name of Corporation	as currently filed with the Florida Dept. of State).
P 14000069646	TALI A MAGEE, PÉC
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "Corp.," "Inc" or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u> 	<u>ESS</u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. 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 of	fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a	ered Agent: im familiar with and accept the obligations of the position.
Signatu	re 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	7	DEVEWARUPDAS DEVPRASAD	103 MCDONALD ROAD
Add			PLANT CITY, FL. 33567
X Remove			
2) Change	P	BHADRESHKUMAR V LADUMOR	22615 SE 58TH PLACE
X Add	•		HAWTHORNE, FL 32640
Pamaua			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	dding additional Arti sheets, if necessary).	(Be specific)	<u>SI BEF</u> E		
					
·					
<u> </u>					
					
"					
~					
			- -		
provisions for in	provides for an eych applementing the amer able, indicate N/A)	ange reclassification and ment if not contain the cont	on, or execultation lined in the amend	of issued shares, Iment itself:	
				<u>.</u>	
					~

	JULY 7TH, 2017	•
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	ULY 7TH, 2017	ı
·	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	(voting group)	
action was not required.	idopted by the board of directors without shareholder action and shareholder	older
action was not required.	dopted by the incorporators without shareholder action and shareholder	
JULY 7' Dated	ГН, 2017	
Signature	13 hadrongen Lade	eacor
selec	director, president or other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en ourt
	BHADRESHKUMAR V LADUMOR	
·	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	