P15000067516

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dc	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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T. LTIMETERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NIKHIL INC			
DOCUMENT NUM	BER: P15000067516			
The enclosed Article	s of Amendment and fee are su	bmitted for tiling.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MIKE PATEL			
		Name of Contact Persor	1	
	NIKHIL INC			
		Firm/ Company		
	115 E. VAN FLEET DR			
		Address		
	BARTOW, FL 33830			
		City/ State and Zip Code	2	
	E-mail address: (to be us	115@ the upsstoed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
MIKE PATEL		at (813	495-7895	
MIKE PATEL at (813) 495-7895 Name of Contact Person Area Code & Daytime Telephone Num		de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ortment 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)	
An Dir P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee 3. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P15000067516 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 23781 US HIGHWAY 27 LAKE WALES, FL 33859 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Signature of New Registered Agent, if changing

Check if applicable

NIKHIL INC

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT John Do	<u>oe</u>	
X Remove	V Mike Jo	ones .	
X Add	<u>SV</u> <u>Sally Si</u>	<u>mith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
		
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provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame		
provisions for implementing the ame		
provisions for implementing the ame		
provisions for implementing the ame		
provisions for implementing the ame		
provisions for implementing the ame		
provisions for implementing the ame		
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)		

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	04/28/2020	
The date of each amendmen		, if other than th
date this document was signed		
Ceratina data if analisabla.	04/28/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendmeere sufficient for approval.	ent(s)
must be separately provide	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	tement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Se	by a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other officers have not be elected.	
\mathbf{a}	opointed fiduciary by that fiduciary)	
	MAYANK PATEL	
	(Typed or printed name of person signing)	
	PT	
	(Title of person signing)	