P1500091509

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A RANGEL

COVER LETTER

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4)

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: KARMAYOGI TV	VO INC	
DOCUMENT NUMBI			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ŀ	IERMAN SINGH		
_		Name of Contact Person	1
ŀ	IERMAN SINGH & ASSOC	CIATES INC	
_		Firm/ Company	
ϵ	00 RINEHART RD , SUITE		
_		Address	
I	AKE MARY, FL 32746		
_		City/ State and Zip Code	•
HERM	AN@HSTAXES.COM		
	=	sed for future annual report	notification)
	concerning this matter, pleas		031 1300
HERMAN SINGH		at (407	_)
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Cepa	rtment 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)
Amer Divis P.O. 1	ng Address dment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clicton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

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15 DEC 23 PM 6: 55

KARMAYOGI TWO INC		SECRETARY OF STATE
	of Corporation as currently file	d with the Florida Dept. of State
P15000091509		
	(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flori</i>	id 1 Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		-
		
(Mailing address MAY BE A POST D. If amending the registered agent an new registered agent and/or the new		n Florida, enter the name of the
	MADHUBEN PATEL	
Name of New Registered Agent		
	1516 7TH STREET, SW	<u></u>
	(Florida street as WINTER HAVEN	,
New Registered Office Address:	-	Florida 33880
	(City	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of cach 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 = Dire: tor; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director rollds 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 issted 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	CHETANKUMAR R. PATE).	5717 VINTAGE VIEW BLVD
Add			LAKELAND, FL 33812
Remove			
2) Change	P	MADHUBEN PATEL	5717 VINTAGE VIEW BLVD
XAdd			LAKELAND, FL 33812
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) I (Attach additional sheets, if necessary). (Be specific)	<u>aere</u> :
/A	
	.
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchange, reclassification	or cancellation of issued chares
provisions for implementing the amendment if not contain	ed in the amendment itself:
(if not applicable, indicate N/A)	
'A	·

	, 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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 s tareholder action and station was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated Dec. 21, 2015 Signature M. G. Polel	
Signature M. Gr. Polel	
(By a director, president or other officer - if directors or officers have n	not been
selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	ther court
MADHUBEN PATEL.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	·