## P16000051019

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Linaben Patel Name of Contact Person Jashiba Inc Firm/ Company 2380 US Highway 441 Address Fruitland Park, FL 34731 City/ State and Zip Code raj2dipa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Linaben Patel at (352 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 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Jashiba Inc	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000051019	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
N/A	<u></u>
Name of New Registered Agent	
	street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	it:
I hereby accept the appointment as registered agent. I am familiar	
	2
Signature of New	Registered Agent, if changing
g	
	T IST

## 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Urmilaben Patel	353 Philippe Pkwy
Add X Remove			Safety Harbor, FL 34695
2) X Change	Р	Linaben Patel	353 Philippe Pkwy
Add			Safety Harbor, FL 34695
Remove			
3 ) Change			_
Add			
Remove			
4) Change			
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5) Change			
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6) Change			····
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)			
	utionai sneets, ij necessary).	(be specific)	
N/A-			
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F. If an amen	ndment provides for an excl	ange, reclassification, or cancella	ation of issued shares
provision	s for implementing the ame	ndment if not contained in the ar	nendment itself:
(if no	t applicable, indicate N/A)		
N/A			
<del></del>			
<del></del>	<del> </del>		
			<u> </u>

The date of each amendment(s) adoption: $DEC$ , $OI$ , $\angle OI$ , if other than
date this document was signed.  I? - 01 - 2 01 7  Effective date if applicable:
(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, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors withoùt shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
signature lewestel
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Linaben Patel
(Typed or printed name of person signing)
President
(Title of person signing)