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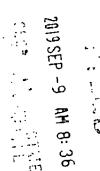
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KARMAYOGI SU	JN INC			
DOCUMENT NUME					
	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	MIKE PATEL				
	Name of Contact Person				
		Firm/ Company			
		Address			
	949 CLASSIC VIEW DR. A				
		City/ State and Zip Cod	c		
mngpt	5@aol.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MIKE PATEL		at (605-7831		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation of

KARMAYOGI SUN INC				
(Name of Corporation as cur	rrently filed with the F	lorida Dept. of State)	-	
P16000057523				
(Document Num	iber of Corporation (if k	nown)	•	-
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Co</i>	rporation adopts the follow	ring amen	dment(s) to
A. If amending name, enter the new name of the corporation	on:			
			The	new
name must be distinguishable and contain the word "corpe "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	' or "Co". A professio			
B. Enter new principal office address, if applicable:			_~-	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		سر ان در ان	2019	
				ar z.M.
C. Enter new mailing address, if applicable:		· .	. 9	1.2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·		至_	_ =
			_ &	- Company
		'	2. 8	
				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, en dress:	nter the name of the		
Name of New Registered Agent		·-		
(Flori	ida street address)			
New Registered Office Address:		, Florida		
	(City)	(Zi	p Code)	_

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

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)	Title	<u>Name</u>	Address
1) Change	VP	MANGALBHAI PATEL	949 CLASSIC VIEW DR
Add			AUBURNDALE FL 33823
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			,
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>additio</i>	r adding additional Arti nal sheets, if necessary).	(Be specific)	<u>j nere</u> :		
				.	
		-		 	
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<u>11 an amenom</u> provisions fo	ent provides for an exch r implementing the amer	ange, reclassification adment if not contain	n, or cancellation of ined in the amendmo	issued shares, ent itself:	
(if not ap	plicable, indicate N/A)	<u> </u>			
					
-					
					4

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 50 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill 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 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without 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 09-05-20/9	
Dated 09.05- 2 0/9 Signature	
(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)	 -
MIKE PATCL (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	