Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ASHOKA INDIAN CUISINE INC

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To: +18506176380 Page: 1 of 6 2021-09-21 20:25:49 GMT 18668837019 From: Natalie Burns

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September 21, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

ASHOKA INDIAN CUISINE INC 6267 GARDEN CT DAVIE, FL 33314

SUBJECT: ASHOKA INDIAN CUISINE INC

REF: P16000075476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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FAX Aud. #: H21000348643 Agnes Lunt Regulatory Specialist III Letter Number: 221A00022807

From: Natalie Burns

Articles of Amendment to Articles of Incorporation of

(((H21000348643 3)))

ASHOKA INDIAN CUISINE INC			ride Dent of State)		
(Name o	[Corporation as curr	ently filed with the Flo	rian Dept. of State		
P16000075476					
	(Document Numb	per of Corporation (if kn	own)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corp	oration adopts the following	g amendmer	nt(3) to
A. If amending name, enter the new na	me of the corporation	<u>n:</u>			
				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered." "professional association,"	Carp," "Inc," or "Co	". A professional com	rporated" or the abbreviatio poration name must contain	on "Corp.," n the word	
B. Enter new principal office address.	if applicable:				
(Principal office address MUST BE AS	TREET ADDRESS)				
				202	
				<u></u>	- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20
C. Enter new mailing address, if appli	icable:			SEP :	- 2 .6% - 0.7%
(Mailing address MAY BE A POST	OFFICE BOX)				
	•			<u>~</u>	중유
				AH 10:	800
				_ _	
D. If amending the registered agent ar	nd/or registered office	address in Florida, en	ter the name of the	7	2
new registered agent and/or the new					
Name of New Registered Agent	Amrit Ashok Punjabi	<u> </u>		_	
	295 NW 82ND AVE				
	(Flori	ida street address)		-	
N D 144 100 - 111-	Miami		Florida 33126		
New Registered Office Address:		(City)		Code)	
New Registered Agent's Signature, if of I hereby accept the appointment as registered.	changing Registered A tered agent. I am fam	Agent: iliar with and accept the	cobligations of the position.		
	Signature of N	Vew Registered Agent, if	changing		
Chash if applicable	f				
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120	(11) (c), F.S.	(((H21000348643 3)))	

Example:

(((H21000348643 3)))

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	GEORGE, SHAЛ	295 NW 82ND AVE
Add			MIAMI, FL 33126
X Remove 2) Change	P	Amrit Ashok Punjabi	295 NW 82ND AVE
x Add			MIAMI, FL 33126
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

To: +18506176380

If amending or adding additional Articles, enter change(s) here:	(((H21000348643 3)
Attach additional sheets, if necessary). (Be specific)	
13 fh	ion of invest shows
If an amendment provides for an exchange, reclassification, or cancellate provisions for implementing the amendment if not contained in the amendment if not contained in the amendment.	endment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	dantian.	(((H21000348643 3)))	
date this document was signed.	soptioa:	, if o	ther than the
Effective date if applicable:			·
	(no more than 90 days after amendment)	file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors withou	nt shareholder action and shareho	older
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast fo efficient for approval.	r the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	following statement nendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	ı	<u> </u>
by			UZI SEP 2 I
	(voting group)		SE SE
SEPTEMB	ER 17, 2021		2 9A
Dated	DR 17, 2021		oʻ≺,,
Signature	the Cherce		OF STALI
(By a di	rector, president or other officer - if directors or office	rs have not been	_ <u></u>
appoint	I, by an incorporator - if in the hands of a receiver, trus ed fiduciary by that fiduciary)	stee, or other court	
	Shaji K. George		
	(Typed or printed name of person signing)		 .
	President		
•	(Title of person signing)		