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JUN 22 2017 S. YOUNG

COVER LETTER

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: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filing Fee □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

VIHA	ARA ULIBAT IAC	
(Name of Corporation as c	currently filed with the Florida	Dept. of State)
	000038798	
(Document Nu	amber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corporation	m adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion <u>:</u>	
name must be distinguishable and applied to		The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	or "Co" department	orporated" or the abbreviation poration name must consum the
	11/4	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	1/1	
TO THE STANDARD OF THE STANDAR	,	
		<u>·</u> ·
C. Enter new mailing address, if applicable:	.//	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	_	
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the	name of the
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent NA		
		-
	orida stree: address)	·
.//4	situa siree. aaaressj	
New Registered Office Address:	(2:)	, Florida
	(City)	(Xip Code)
New Registered Agent's Signature, if changing Registered	Aganti	
I hereby accept the appointment as registered agent. I am fa	<u> Avent:</u> miliar with and accept the obliga	tions of the position
,	worept ine oongu	mons of the position.
Signature oj	New Registered Agent, if changi	ng

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	<u>PT</u> John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		KENDÍTH MARLINESSEL	2633 LANTANA ROAD #21
Add			LAKE WORTH FL 99462
Remove	P	Madalinilada I wad	A. C. C.
2) Change Add		HUBALIDHABAN MAIR	EAST GATE VALKARY
Remove			KERALA, INDIA PIN 68614
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change(s) here:			
(Attach additional sheets, if necessary).	(Be specific)			
N/A .				
N/A		<u>_</u>		
				
			<u>.</u>	
				
				
				
-				
				
				
		`		
			·	
	 		-	
If an amandment negetide 6-				
. If an amendment provides for an exch provisions for implementing the amer	inge, reclassification, or c	ancellation of issued	shares,	
(if not applicable, indicate N/A)	different if not contained in	the amendment itse.	<u>II:</u>	
N/A				
<i>1</i> '/7				
•				
	 			<u>.</u>
· · · · · · · · · · · · · · · · · · ·				
	 _			
				
				

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after umendment fi	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement'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 by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The finust be separately provided for each voting group entitled to vote separately on the am	ollowing statement endment(s):
"The number of votes cast 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 action was not required.	n and shareholder
. The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	d shareholder
Dated	
Signature And Signature	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	s have not been see, or other court
MULALIDHARAN NAIR	
(Typed or printed name of person signing)	
ALGINEAT	
(Title of person signing)	