

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



700318703827

09/19/18--01004--018 **105.00

R. WHITE SEP 1 9 2010 18 SEP 19 MAIN: 0

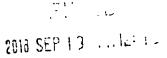
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	SHIVA LINGAM	LINC.	
DOCUMENT NUMBE	P17000068198 R:		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
В	RITTANY DEKLE		,
В	EVERAGE LAW INSTITU	Name of Contact Person	1
P.	O.BOX 13678	Firm/ Company	
Т,	ALLAHASSE, FLORIDA .	Address 32317	
_		City/ State and Zip Cod	2
mp7138	3@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information e	oncerning this matter, pleas	se call:	
Mike Patel		850 at (491-5693)
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	irtment 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)
Amenc Divisio P.O. B	g Address ment Section on of Corporations ox 6327 assec, FL 32314	Amend Divisic Clifton	Address ment Section in of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SHIVA LINGAM 1.1NC.

(Name of Corporation as c	currently filed with the Florida Deptiof State)
P17000068198	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute ts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:
	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	.)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
). If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent	
ϵFle	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Sew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	
Signature o	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 Mike Jones \underline{X} Add SVSally Smith Type of Action <u>Title</u> Address Name | (Check One) PARUL PATEL 9 GABRIELLA TERRACE 1) ____ Change GOSHEN, NY Δdd 10924 ___ Remove SHEETAL PATEL 141 SHAMROCK HILL DRIVE 2) ____ Change WAPPINGERS FALLS \times_{Add} **NEW YORK 12590** ____ Remove VILAS PATEL 3) ____ Change 2667 TOWAMENCIN AVENUE ___ Add HATFIELD, PA 19440 _Remove BHARAT PATEL 920 HARTFORD DRIVE __ Change HATFIELD, PA 19440 _ Add __ Remove MOUNIKA PATEL 10 CREST LANE Change NEW MILFORD, CT 06776 _ Remove 6) ____ Change ____ Add _ Remove

If amending or adding additional Ar Attach additional sheets, if necessary)	(Be specific)			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		-		
			<u>-</u>	
<u></u>				
		·····		
f an amendment provides for an exc	change, reclassificatio	n, or cancellation o	f issued shares,	
provisions for implementing the an (if not applicable, indicate N/A)	<u>endment if not contai</u>	ned in the amendm	ent itself:	
	•			

SEPTEMBER 19, 2018 The date of each amendment(s) adoption: , if other than the date this document was signed. 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 the 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 east for the amendment(s) was/were sufficient for approval AMI PATEL 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. 9-19-18 Dated Signature + Tr (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) (Typed or printed name of person signing) (Title of person signing)