## P18000047635

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #	)
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(Dc	ocument Number)	
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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations

	NAME OF CORPORATION: VETDEN INC.	
	DOCUMENT NUMBER: \$\frac{18000047635}{}	
	The enclosed Articles of Amendment and fee are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	GUNDIAKA SETHI	
	Name of Contact Person	
	VEYDEN TNC. Firm/Company	
	Firm/ Company	
40	MINDLANCEINC, 1095 MORRIS AVENUE, Ur	it # 101
	Address	
	UNION: NJ - 07083-	
	City/ State and Zip Code	
	. 11:	
	gsethia mindlance com E-mailaddress: (to be used for future annual report notification)	_
	E-maiVaddress: (to be used for future annual report notification)	<b>,</b> —
	For further information concerning this matter, please call:	
	GUNDIPIKA SBIME 201, (35 402	フ
	GUNDIPIKA SBTHT at (201) 535 402  Name of Contact Person Area Code & Daytime Telephone	Number
	Enclosed is a check for the following amount made payable to the Florida Department of State:	
\	\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (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 32314 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation

VETDEN	TNC.
	ly filed with the Florida Dept. of State)
(Document Number of	47635. f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	_
name must be distinguishable and contain the word "corporation	PLE MAKE US, INC.
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4300 WEST CYPRESS STREET,
(Timequa office dudiess <u>prost to a street floreness</u> )	unit # 160, Tampa FL-3360
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1095 MORRIS AVENUE, Unit # 101, Union - NJ-07083
	Unit # 101, Union - NJ-01083
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	NA.
	<del></del>
(Florida st	reet address)
New Registered Office Address:	Florida (F)
	(City) (Zig Gode) TT
	26 E
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: <u>X</u> Change	<u>PT</u>	John Do	<u>»c</u>		
X Remove	<u>V</u>	Mike Jo	ones .	NA -	
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1)Change	·	_		<u></u>	
Add					
Remove					
2) Change				<del></del>	
Add					<del></del>
Remove					
3 ) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		- <del></del>			
Add					
Remove					
6) Change		_		_ <del></del>	
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an excl	hange reclassification (	or cancellation of issued shares.	
provisions for implementing the ame	endment if not contained	l in the amendment itself:	
(if not applicable, indicate N/A)			
	NA		
	1 2 .		
	<u> </u>		
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The date of each amendment(s) adoption:	8/18/	2018	, if other than the
date this document was signed.	1		
Effective date if applicable: 81	8/2018.	imendment file date)	
(no m	ore than 90 days after a	imendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		y filing requirements, th	nis date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>(NE</u> )		
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval		otes east for the amendr	nent(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of			
"The number of votes cast for the amendment(	s) was/were sufficient f	or approval	
by(voting gro.		<u>.</u> .	
(voting gro	up)		
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shar	eholder action and share	:holder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	rators without sharehole	der action and sharehold	er
Dated 9 24 2018 Signature	AMU.		
(By a director, president or selected, by an incorporato appointed fiduciary by that	r — if in the hands of a r	ors or officers have not receiver, trustee, or other	been r court
	RAJAY	DHALL	
(Typed)	or printed name of pers	on signing)	
_	VICB	PRBSIDEN	)7.
	(Title of person sig	ning)	