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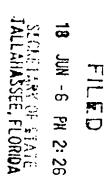
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JUN 07 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: UPASANIBABA	INC	1 1000		
DOCUMENT NUMBE	P18000049651				
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this ma	tter to the following:			
	DOMINIC	JOHN			
_		Name of Contact Person	1		
	DJ&J ASSOCIATES				
_	Firm/ Company				
	2400 SE 36TH AV	′Е			
		Address			
	OCALA, FLORI	IDA 34471			
		City/ State and Zip Code	e		
	DJ_VENAD@Y/	NHOO.COM			
•	E-mail address: (to be us	sed for future annual report	notification)		
	concerning this matter, pleas				
DOMINIC JOHN		at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
	dment Section on of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327 Clifton Building					
Tallah	assee, FL 32314		executive Center Circle		

Articles of Amendment to Articles of Incorporation of

UPASANIBABA INC

·	tion as currently filed with the Florida Dept. of State)	
P180000490		
(Docu	iment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amende	ment(s
A. If amending name, enter the new name of the c	corporation:	
	The n ord "corporation," "company," or "incorporated" or the abbreviati rp," "Inc," or "Co". A professional corporation name must contain to e abbreviation "P.A."	on
B. Enter new principal office address, if applicable	le:	
(Principal office address MUST BE A STREET AD		_
	Vita 1	
	——————————————————————————————————————	R
C. Enter new mailing address, if applicable:	m 📆	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	$\frac{\partial X}{\partial x}$	 រ
		•
	> 111 0	5
		_
I) If amonding the registered agent and/or registi	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
Hen Registered Office Hantess.	(Zip Code)	_
New Registered Agent's Signature, if changing Re	evistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
Sig	mature 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	
\underline{X} Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	VP	AMI G PATEL	2026 SAMANTHA LANE
X Add			VELRICO, FL 33594
Remove			
2) Change	VP	JAY G PATEL	2026 SAMANTHA LANE
X Add			VELRICO, FL 33594
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Articles, vets, if necessary).— (B	e specific)			
<u>.</u>					
	<u>,</u>				
					
<u> </u>	<u> </u>				
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					•
an amendment pr	ovides for an exchang	e, reclassificatio	n, or cancellation	of issued shares,	
provisions for imp	ementing the amendm	<u>ient if not contai</u>	ned in the amend	ment itself:	
(if not annlings	je, maidate ivizi j				
(if not applicab					
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(if not applicab					

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 document's effective date on the Department of State's records.	II 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.	
06/03/2018 Dated	
Signature Readlike Pail (By a director, president or other officer - if directors or officers have not been	
(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)	
RADHIKA G PATEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	