## P18000 054 240

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JAN 0 3 2020 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AN AKSHR ENT	ERPRISE INC	
DOCUMENT NUM	BER:P18000054240		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	BODAR HARI		
		Name of Contact Person	1
	AN AKSHR ENTERPRISE	INC	
		Firm/ Company	
	9573 COBBLESTORE CRE	EK DR	
		Address	
	BOYNTON BEACH, FL 33-	472	
		City/ State and Zip Code	:
or further information	n concerning this matter, pleas	sed for future annual report se call:	
ODAR HARI		561 352 667	76
Name of Contact Person Area Code			de & Daytime Telephone Number
iclosed is a check fo	the following amount made	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AN	Αŀ	(SHR	ENT	'ERP'	RISE	INC
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` <del></del>	ntly filed with the Florida Dept. of State)
P18000054240	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	A 19
Principal office address <u>MUST BE A STREET ADDRESS</u> )	* <b>*</b> * *
Enter new mailing address, if applicable:	हिंह 🕏 🛣 🗇
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	DA 09
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida :	street address)
No. Basistan d Office Address	Clarida
New Registered Office Address:	(City) , Florida
w Registered Agent's Signature, if changing Registered Agenereby accept the appointment as registered agent. I am familia	
Signature of New	v 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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
ype of Action Check One)	<u>Title</u>	Name	<u>Addres</u> s
) Change	DIR	PARIKH NAYANABEN	5665 BOYNTON BAY CIR
Add	<del></del>		BOYNTON BEACH, FL, 33437
X Remove			
Channe	DIR	PARIKH RAJESHKUMAR K	5665 BOYNTON BAY CIR
Change Add			BOYNTON BEACH, FL 33437
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
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utach <i>additional</i>	sheets, if necessary,	). (Be specific)				
•						
		<del></del>				
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<del> </del>				-		
	<del></del>					
f an amendmen	provides for an ex	change, reclassif	cation, or cancella	ition of issued sha	res,	
provisions for it	nplementing the are cable, indicate N/A)	nendment if not c	ontained in the an	nendment itself:	<del></del> .	
			<del> </del>			
					<del></del>	
			<del> </del>	_ <del>_</del> .	<del></del>	
				· · · · · · · · · · · · · · · · · · ·		

10.01.2019	:
The date of each amendment(s) adoption:, date this document was signed.	if other than the
10.01.2019	
Effective date if applicable:	<del></del> _
(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 document's effective date on the Department of State's records.	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 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 and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11.18.2019 Dated	
Signature Physical Signature	
(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)	
BODAR HARI	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<del></del>