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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OM SAI GOVIN	DA INC			
DOCUMENT NUMBI	ER:P180000	83438			
	f Amendment and fee are su				
Please return all corresp	ondence concerning this ma	tter to the following:			
	DOMINIC JOHN				
_	<u>-</u>	Name of Contact Person	n		
	DJ&J ASSOCIATES				
_		Firm/ Company			
	2400 SE 36TH AVE				
		Address			
	OCALA, FLORIDA	34471			
		City/ State and Zip Cod	e		
di yen:	ad@yahoo.com				
		sed for future annual report	politication)		
	13 man ada 655. (15 55 an	,	,		
For further information	concerning this matter, pleas	se call:			
DOMINIC JOHN		352	694-2004		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>M</u> aili	ng Address	Street	Address		
	dment Section		Amendment Section		
Division of Corporations		Division of Corporations			
	30x 6327		Building Executive Center Circle		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

OM SALGOVINDA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000083438

(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	is Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	
	The ,
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 A SEC: TAL
	N P P P P P P P P P P P P P P P P P P P
D. If amending the registered agent and/or registered office add	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addres	ess:
Name of New Registered Agent	
(Et; I	and the second s
er toriua si	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt.
Thereby accept the appointment as registered agent. I am familiar	
	v Panietavad Arant if changing

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, an 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	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	Р	SHRISHA NAGAMALLAA	22831 NW 193RD LANE		
X Add			HIGH SPRINGS		
Remove			FLORIDA 32643		
2) Change	P	VIJAY NILAKANTA	22831 NW 193RD LANE		
Add			HIGH SPRINGS		
X Remove			FLORIDA 32643		
3) Change					
Add					
Remove			 		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	dding additional Artic sheets, if necessary).	(Be specific)			
		 			
					
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				•	
					
f an amendmen	t provides for an excha	ange, reclassific	ation, or cancella	tion of issued shar	es,
(if not appli	mplementing the amer cable, indicate N/A)	idment if not col	ntained in the am	enament itseit:	
(y nor uppn	.aoic, maicaic 1021)				
<u></u>					
					
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The date of each amendm	07/15/2019 sent(s) adoption:	if other than th
date this document was sign		
Effective date if applicabl	e:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	I not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
	were adopted by the shareholders. The number of votes east for the amendment(s) s/were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):	
"The number of ve	otes east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/action was not required.	were adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/action was not required.	were adopted by the incorporators without shareholder action and shareholder	
07. Dated	/27/2019	
Signature	Shrisha	
	(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)	
	VIJAY NILAKANTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	