P180000 86743

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

| | | COVER LETTER | | 2 |
|--|--|---|---|-------------|
| TO: Amendment Sec Division of Cor | | | | CONT. O. W. |
| NAME OF CORPO | PRATION: SWAMI'S WORL | DWIDE DISTRIBUTORS | INC | 4 4 |
| DOCUMENT NUM | D1800008/242 | | | St. 4 |
| | s of Amendment and fee are su | abmitted for filing. | | |
| | espondence concerning this ma | · · | | |
| | ARJOON NARINDRA | _ | | |
| | Name of Contact Person | | | |
| | | Firm/ Company | | - |
| | 4360 SW 139TH ST RD | | | |
| | OCALA, FL 34473 | - | | |
| | | - | | |
| | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | on concerning this matter, plea | se call: | | |
| ARJOON NARINDI | RA | 305 at (| 776-3820 | |
| Name | of Contact Person | | de & Daytime Telephone Numbe | г |
| Enclosed is a check f | or the following amount made | payable to the Florida Dep | artment of State: | |
| S35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 | | Ameno Divisio The C 2415 I | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 | |

Articles of Amendment to Articles of Incorporation of

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

| | Articles of Amendment | ત્ર | المارية) المارية |
|---|--|-------------------------------------|-----------------------|
| | to Articles of Incorporation | | Tu. |
| | of | | |
| SWAMI'S WORLDWIDE DISTRIBUTORS INC | | | A.c. |
| | oration as currently filed with the I | Florida Dept. of State) | ب |
| P18000086743 | | | |
| (D | ocument Number of Corporation (if I | known) | |
| Pursuant to the provisions of section 607.1006, Fl ts Articles of Incorporation: | orida Statutes, this <i>Florida Profit Ca</i> | prporation adopts the following ame | ndment(s) t |
| A. If amending name, enter the new name of t | he corporation: | | |
| | | 777 | |
| name must be distinguishable and contain the wor. "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a | 'Inc," or "Co". A professional co | cornorated" or the abbreviation "Co | new orp.," word |
| 3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u> | able: ADDRESS) | | |
| | | | |
| | | - | |
| Enter new mailing address, if applicable: | E BOW | | |
| (Mailing address <u>MAY BE A POST OFFICE</u> | <u> </u> | - | _ |
| | | - | |
| | | ···· | _ |
|). If amending the registered agent and/or reg | vistered office address in Florida e | nter the name of the | |
| new registered agent and/or the new registe | red office address: | mer the name of the | |
| Name of New Registered Agent | | | |
| | - | - | |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| Territoria Office Address. | (City) | , FIORIDA(Zip Code) | _ |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing hereby accept the appointment as registered age. | Registered Agent: nt. I am familiar with and accept th | e obligations of the position | |
| | y with with watching | v confuncing of the position. | |
| | | | |
| | | | |
| | Signature of New Registered Agent, if | f 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:

| A Change | <u>P1</u> | John Doe | |
|-------------------------------|--------------------------|--------------------|--------------------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | LALBAHADUR RAMLALL | 12500 CROWN POINT CIRCLE |
| Add X Remove | | | CLEMONT, FL 34711 |
| 2) Change | T | SOOKLAL DANESH | 4360 SW 139TH ST RD |
| Add X | | | OCALA, FL 34473 |
| Add Remove | | | |
| 4) Change | | | |
| Remove 5) Change | | | |
| Remove 6) Change | | | |
| Add Remove | | | |

| L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | |
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| If an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: | |
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| | 05/07/2020 | |
|---|--|--|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | | |
| | /07/2020 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days aft | er amendment file date) |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable state. Department of State's records. | utory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of o | firectors without shareholder action and shareholder |
| ■ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number sufficient for approval. | of votes cast for the amendment(s) |
| | pproved by the shareholders through voti or each voting group entitled to vote sepa | |
| "The number of votes ca | st for the amendment(s) was/were sufficient | ent for approval |
| by | | ,, |
| , <u> </u> | (voting group) | |
| 05/07/20 | 20 | |
| Dated | .0 | |
| | . lik | |
| Signature | <u> </u> | |
| selec | director, president or other officer – if di led, by an incorporator – if in the hands o nted fiduciary by that fiduciary) | |
| | ARJOON NARINDRA | |
| | (Typed or printed name of p | person signing) |
| | PRESIDENT | |
| | (Title of person signing) | |