P180000 87040

(Red	questor's Name)			
(Add	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

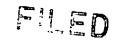
TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PLAN INFINETY	INC.			
DOCUMENT NUMB	P18000087040				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	GAURAV VERMANI				
•	Name of Contact Person				
	PLAN INFINITY INC.				
	Firm/ Company				
	16350 BRUCE B DOWNS BLVD STE# 48229				
•	Address				
	TAMPA, FLORIDA, 33647				
•	City/ State and Zip Code				
olanin	finityinc@gmail.com				
		sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Gauray Vermani		at (<u>813</u>	\ 616-0 4 01		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
S35 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			Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

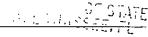


PLAN INFINITY INC.

2019 APR 11 AM 9: 27

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

P18000087040



(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

			The nev
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or "Co	o". A professional corp	rporated" or the abbreviatio
B. Enter new principal office address, (Principal office address MUST BE A ST		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the n	ame of the
Name of New Registered Agent	N/A		
	16350 BRUCE B DOWNS I	BLVD STE# 48229	
	(Florida stree	(address)	.
New Registered Office Address:	ТАМРА		Florida
	(C	ity)	(Zip Code)

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	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	CEO	GAURAV VERMANI	16350 BRUCE B DOWNS BLVD
Add			STE# 48229
Remove			TAMPA, 33647
2) X Change	P	SWATI VERMANI	16350 BRUCE B DOWNS BLVD
Add			STE# 48229
Remove			TAMPA, 33647
3) Change			
Add			
Remove			
4) Change			
Add			***************************************
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>lf a</u>	mending or adding additional Articles, enter change(s) here:
	ach additional sheets, if necessary). (Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
_	
-	
F. If a	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	

The date of each amendment(s	N/A adoption:	, if other than the
date this document was signed.	•	
N Effective date if applicable:	/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(.	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	lder
4/8/2019		
Dated Signature	ara i	
(By sele	a director, president or other officer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth pinted fiduciary by that fiduciary)	
	GAURAV VERMANI	
	(Typed or printed name of person signing)	
	CHIEF EXECUTIVE OFFICER	
	(Title of person signing)	