## P19000000053

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(Only State / Ziph Hone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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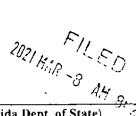
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: U S OPPORTUNI	TY ZONES FUND INC			
	ER: P19000000053				
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:			
	ARUN KAUSHAL				
•		Name of Contact Perso	n		
	Firm/ Company				
	3320 PARK ST				
•	Address				
	JACKSONVILLE FL 32205	City/ State and Zip Coo	le		
	AARONKOSAL@GMAIL.(				
•	_	sed for future annual repor	t notification)		
For further information	concerning this matter, pleas	se call:			
ARUN KAUSHAL		at (	4236860		
Name of Contact Person		Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to

Articles of Incorporation



U S OPPORTUNITY ZONES FUND INC	4.4 B.
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P 1900000053	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	   <u>                                  </u>
DAS NIVESH INC	The new
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
(1707)	ad siree address
New Registered Office Address:	(Zip Code)
New Registered Agent's Signature, if changing Registered A lambda	gent: iliar with and accept the obligations of the position.
Signature of N	New Registered Agent, if changing
Signature of .	7
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (e), F.S.

If amending the Officer	s and/or	Directors, enter the title and	d name of each officer/director being removed and title, name, and
address of each Officer			
(Attach additional sheets		sary) le by the first letter of the offic	ea title:
P = Precident: V = Vice	recior iu Presiden	ie ny me jirsi tener oj me ojjic i∙ T= Trøasurer: S= Secretar	y; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
			director holds more than one title, list the first letter of each office held.
President, Treasurer, Dir	rector wo	uld be PTD.	
Changes should be noted	l in the fo	llowing manner. Currently Je	ohn Doe is listed as the PST and Mike Jones is listed as the V. There is
			ned the V and S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove Example:	e, and Sai	ly Smith, SV as an Add.	
X Change	РT	John Doe	
<u></u>			
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
The second to the second	Tist.	Nome	Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addics</u> 5
(Check One)			
1) Change			
Add			
Remove			
2) Change			<del></del>

\_\_\_\_ Add

Remove 3) Change

\_\_\_\_ Add

4) \_\_\_\_ Change

\_\_\_\_ Add

5) \_\_\_\_ Change

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

	here:
E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	<del>y nerc</del> .
(Attach additional sneets, if necessary). (Be specific)	
<del></del>	
•	
	<i>Y</i>
<del></del>	
F. If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not cont	ained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	
<del></del>	
_ <del>-</del> <del>-</del>	<del></del>
<del></del>	
	<u> </u>
•	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  03/01/2021	
Effective date if applicable:	90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, of action was not required.	board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. It by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled	hrough voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by(voting group)	."
	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
(Typed or printe	ed name of person signing)
	President.
(Title of person	signing)