Amendment

## P200000 26270

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ wait	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ JASKAR, INC DOCUMENT NUMBER: P20000026270 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SRINIVAS C KARUMURI Name of Contact Person JASKAR, INC Firm/ Company 5251 SW 133RD AVE Address MIRAMAR, FL 33027 City/ State and Zin Code CHAK.KARUMURI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 294-4214

Area Code & Daytime Telephone Number SRINIVAS C KARUMURI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ■\$43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certified Cupy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment Articles of Incorporation of

JASKAR, INC		AH II: 22
(Name of Corporation as o	currently filed with the Flo	orida Dept. of State)
P20000026270		
(Document N	umber of Corporation (if kr	nawn)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corp	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	<u>stion:</u>	
		The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	'Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	<del></del>	<del></del>
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered off	lice address in Florida, en	tor the name of the
new registered agent and/or the new registered office		C. THE BAINE OF THE
Name of New Registered Agent		
	-	
	lorida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	•	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		obligations of the position.
	•	, ,
	(N) (N) (1) (1)	
Signature o	of New Registered Agent, if	changing

Check if applicable

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

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:

(Attack additional theety if necessary)

Please note the officer/director title by the first letter of the office title

P = President, V = Vice President, V = Treasurer, S = Secretary, D = Director, TR = Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer, CTO = Chief Financial Officer. It an officeridirector 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 PSF 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 Remose, and Sally Smith, SV as an Add.

Example:

X <sub>i</sub> Change	PT John	1.Dve	
X Remove	Y Mik	c <u>lones</u>	
_X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	Title	Name	Address
l) X Change	P CEO	SRINIVAS C KARUMURI	5251 SW 133RD AVE
Add			MIRAMAR, FL 33027
Remove			
2) X Change	CFO	BHAGYALAKSHMI JASTY	5251 SW 133RD AVE
Add			MIRAMAR, FL 33027
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change	<del></del>		
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

·	<u>Articles, enter chan</u> v). (Be specific)			
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			<del></del> .	·
f an amendment provides for an e provisions for implementing the a	xchange, reclassiff	cation, or cancellate	tion of issued share: endment itself:	P
(if not applicable, indicate N/A)	)			

•

The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the sufficient for approval.	amendment(s)
the state of the s	approved by the shareholders through voting groups. The follofor each voting group entitled to vote separately on the amend	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
SRINIVAS C KAR	UMURI	
<i>"</i>	(voting group)	
5/4/2020 Dated	) ————————————————————————————————————	
Signature	0.	
sele	a director, president or other officer – if directors or officers had teled, by an incorporator – if in the hands of a receiver, trustee, binted fiduciary by that fiduciary)	
	SRINIVAS C KARUMURI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	