## P200000 29631

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Aarav Chevron, IN	NC.			
DOCUMENT NUM	BER: P20000029637				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Neil Patel				
		Name of Contact Person	1		
	Patel & Associates, Public Accountants				
		Firm/ Company			
	PO Box 470976				
	Address				
	Lake Monroe				
	City/ State and Zip Code				
	wish-utal 108@wwail sam	·			
	nickpatel408@gmail.com	sed for future annual report			
For further information	on concerning this matter, pleas	se call: at (	837-4793		
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
■ \$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Aarav Chevron, INC.				
(Name of Corporati	on as currently	filed with the Florida L	Dept. of State)	
P20000029637				
(Docum	nent Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this F	lorida Profit Corporatio	n adopts the following a	mendment(
A. If amending name, enter the new name of the co	orporation:			
			T	he new
name must be distinguishable and contain the word "co". Inc., " or Co.," or the designation "Corp," "Inc., "chartered," "professional association," or the abbre	" or "Co". A	ompany," or "incorporation of professional corporation of the corporat	ed" or the abbreviation n name must contain t	"Corp.," the word
B. Enter new principal office address, if applicable	e:			
(Principal office address MUST BE A STREET ADI		<del></del> -		
		<del></del>	<u> </u>	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )		AAL Z	<u></u>
			CRETARA	<u> </u>
			% in N	THE
D. If amending the registered agent and/or register new registered agent and/or the new registered		ess in Florida, enter the	• 🔍 !	1
	<u> </u>		PH	177
Name of New Registered Agent			<u> </u>	0
			9 1	
	(Florida stree	et address)		
New Registered Office Address:			. Florida	
ven regimered copper radies.	(1	Cüy)	(Zip Coa	le)
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered agent.	l am familiar w	ith and accept the obliga	tions of the position.	
	atum aCM D-	winter and transact if also		
Signe	ature of New Reg	gistered Agent, if changii	יוני	
Check if applicable				

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

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 = Chie 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 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Dipali Patel	1024 W. University Ave
Add			Gainesville, Fl. 32601
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adoption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	,
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the arr sufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	<u> </u>	
,	(voting group)	
Dated	Vikhil Rell.	
Signature	Nikhil Rell.	
(By a	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or	
	inted fiduciary by that fiduciary)	other court
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	