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TO: Amendment Section

Division of Corporations

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NAME OF CORPORATION: SHREE MARUTI NANDAN INC DOCUMENT NUMBER: 1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DOMINIC JOHN Name of Contact Person **DJ& J ASSOCIATES** Firm/ Company 2300 SE 17TH ST, SUIT 200 Address OCALA, FL 34471 City/ State and Zip Code dj_vcnad@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 694-2004

Area Code & Daytime Telephone Number DOMINIC JOHN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

SHREE MARUTI NANDAN INC

(Name of Corporation	as currently filed with the Florid	ia Dept. of State)	
P20000039968			
(Documer	nt Number of Corporation (if know	π)	,
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corpord	ution adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional corpora		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)		
			
			<u> </u>
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	-	
	**************************************	-	
			
D. If amending the registered agent and/or registered	d office address in Florida, enter t	the name of the	111/2: 22
new registered agent and/or the new registered of			2
Name of New Registered Agent			_
			_
	(Florida street address)		_
N D 1 100 111		et 11	
New Registered Office Address:	(City)	, Florida	 Code)
	1 27	, - ,	
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered agent. I d	am familiar with and accept the obl	ligations of the position.	
Signatu	ure of New Registered Agent, if cha	nging	_
•			
Check if applicable ☐ The amendment(s) is/arc being filed pursuant to s. 60	17 0120 (11) (e) FS		
in the amendment(s) is are being thed pursuant to s. ou	(11) (c), 1'.3.		

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>	Address
1) Change	P	YOGESHKUMAR K PATEL	8630 SAINT JAMES E 20
Add			ELMHURST, NY 11373
X Remove			
2) Change	P	GOMTIBEN N PATEL	79-15 147 ST D9
X Add			FLUSHING, NY 11367
Remove 3) Change		_	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			 -
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
71.71.00 M.	
	
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:
(9)	
	
	

• • • •

	07/01/2020	
The date of each amendm	ent(s) adoption:	, if other than t
late this document was sign	ied.	
ter istili disa te ililitare.	07/01/2020	
Effective date <u>if applicabl</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted ocument's effective date of	in this block does not meet the applicable statutory filing requirements in the Department of State's records.	, this date will not be listed as t
doption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without sharehold	lder action and shareholder
	were adopted by the shareholders. The number of votes cast for the ame	ndment(s)
	were approved by the shareholders through voting groups. The following ided for each voting group entitled to vote separately on the amendment	
	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
07.	01/2020	
Dated		
Signature	Jogesh Pate L	
-	(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
	YOGESHKUMAR K PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	