Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000456502 3)))



H210004565023ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 : (608)827-5300 Phone Fax Number : (608)827-5501

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: ___ Gh.alfred@qpaccinc.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN GEETA HOTEL MANAGEMENT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

DEC 17 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunblz.org/scripts/efilcovr.exe

From: Robert E

H21000456502 3

Page: 3 of 6

A	Articles of Amendment	2
to Articles of Incorporation		
	of	
GEETA HOTEL MANAGEMENT Corpora	ation	
Name of Corporation	s as currently filed with the Florida Dent. of St	nic).
P20000094194		
(Досише	nt Number of Corporation (if known)	
Prusuant to the provisions of section 607,1006. Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the	e following amendmen
A. If amending name, enter the new name of the corp ARAV CONSULTANCIES INC.	poration:	TI
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrevi	or "Co". A professional corporation name in	The new abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX	Ç	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ffice address:	<u>he</u>
Name of New Registered Agent		
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	, Flori	da
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis Thereby accept the appointment as registered agent. To		e position.
Signiti	ture of New Registered Agent, if changing	
Check if applicable		

H210004565023

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. Fresident, 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.

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	$\underline{\mathbf{y}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change		***************************************	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			***
5) Change			
Add			Marine 1944,
Remove			
6)Change		_	
Add			
Remove			

* To: +18506176380 Page: 5 of 6 2021-12-15 16:11:32 CST 16082688591 From: Robert Evt

H210004565023

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	AND THE RESIDENCE OF THE PERSON OF THE PERSO
	<u></u>
F. If an amendment provides for an exchange, reclassification, or cam provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	cellation of issued shares. e amendment itself:

16082688591

H210004565023

Page: 6 of 6

The date of each amendment(s) ad	option: 11/1/2021	if other than the
date this document was signed.		
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date	9
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado- action was not required.	oted by the incorporators, or board of directors without shareh	solder action and shareholder
★ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the arr ficient for approval.	nersiment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendate.	
"The number of votes cast	or the amenchment(s) was/were sufficient for approval	JIVISION 2021 DEC
by	77	99
	(voting group)	of CA
Dated /2/	7/2(😝 हिन्हीं
Dillett	1	OF STATE
Signatue	1/	
	gytor, resident or other officer - if directors or officers have	
	Any in incorporator — if in the hands of a receiver, trustee, or a fiduciary by that fiduciary)	other court
	Aatish Suvarna	
·	(Typed or printed name of person signing)	
	President	
·	(Title of person signing)	