Division of Corporations Electronic Filing Cover Sheet

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(((H22000262251 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : I20118080092

Phone : (305)448-9584

Fax Number

: (305)448-9569

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

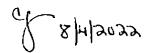
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|-------|----------|---|
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COR AMND/RESTATE/CORRECT OR O/D RESIGN APU & AYUSH REALTY INC

Certificate of Status Certified Copy Page Count 06 Estimated Charge \$35.00

Electronic Filing Menu Corporate Filing Menu

Help



COVER LETTER

| Division of Corporations | |
|--|---|
| NAME OF CORPORATION: APU & AYUSH | REALTY INC |
| DOCUMENT NUMBER: P22000005808 | |
| The enclosed Articles of Amendment and fee are s | submitted for filing. |
| Please return ail correspondence concerning this m | |
| UTTAM K MAZUMDER | Ç |
| APU & AYUSH REALTY | Name of Contact Person |
| 11300 NW 87 CT | Firm/ Company |
| HIALEAH, FL 33018 | Address |
| | City/ State and Zip Code |
| JABBOURANDASSIOCAT | |
| L-man address: (to be u | sed for future annual report notification) |
| For further information concerning this matter, plea | ise call: |
| UTTAM K MAZUMDER | at (⁷⁸⁶) <u>282-8724</u> |
| traine of Contact Ferson | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is cnclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

Articles of Amendment

| | to Articles of Incorporation | |
|--|---|--|
| APU & AYUSH REALTY INC | of | 2022 AUG - 3 PH 12: 09 |
| | | 1 |
| P22000005808 | ation as currently filed with the Florida De | pt. of State) |
| (Doc | rument Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florists Articles of Incorporation: | ida Statutes, this Florida Profit Corporation : | adopts the following amendment(s) to |
| A. If amending name, enter the new name of the | corporation: | |
| name must be distinguishable and | | The new |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb | Carparation," "company," or "incorporated c," or "Co". A professional corporation in the | or the abbreviation "Corp.," maine must contain the word |
| B. Enter new principal office address, if applicab | ole: 11300 NW 87 CT SUFFE | 101 |
| (Principal office address MUST BE A STREET AL | DDRESS) HIALEAH, FL 33018 | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo | OX) 11300 NW 87 CT SUITE | 101 |
| | HIALEAH, FL 33018 | |
| | | |
| D. If amending the registered agent and/or registered agent and/or the new registered | ered office address in Florida, enter the nar | ne of the |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | (City) | , l'Iorida |
| | icity | (Lip Code) |
| New Registered Agent's Signature, if changing Reg | rictored Apunt. | |
| I hereby accept the appointment as registered agent. | I am familiar with and accept the obligations | of the position. |
| | | |
| | | |
| | ature of New Registered Agent, if changing | |
| 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, onto the side. | • |
|---|--|
| add-and for the title and | name of each officer/director being removed and title |
| address of each Officer and/or Director being added: | name of each officer/director being removed and title, name, and |
| (Attach additional sheets if vacanna) | |

dditional 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 Doc 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 Do | <u>9</u> 2 | |
|-------------------|------------------------------|---------------|----------|-------------------|-----------------------|
| <u>X</u> | Remove | V | Mike Jo | ncs | |
| <u>X</u> | ∧dd | <u>sv</u> | Sally Sr | nith | |
| <u>Typ</u> (Ch | of <u>Action</u> eck One) | Title | | Name | <u>Addres</u> s |
| 1) . | Change | <u>VP</u> | - | MAZUMDER, MITHU R | 2714 MONTEVIDEO AVE |
| - | Add | | | | COOPER CITY, FL 33026 |
| - | K Remove | | | | |
| 2) _ | Change | | | | |
| _ | Add | | | | |
| 3) | Remove Change | | | | |
| _ | Add | | | | |
| _ | Remove | | | | |
| 4) _ | Change | | | | |
| _ | | | | | |
| | Remove | | | | |
| 5) _ | Change . | - | - | | |
| | | | | | |
| | Remove | | | | |
| 6) _ | Change | | - | | |
| | Add | | | | |
| _ | Remove | | | | |

3054489569

p.5

Aug 03 2022 1:42pm

jabbour & associates

| 03 2022 1:42pm jabbour & a | ssociates | 3054489569 | p.6 |
|---|---|---|-----------------------|
| The date of each amendment(s) date this document was signed. | adoption: | | , if other than |
| Effective date if applicable: | | | |
| | (no more than 90 da | vs after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable Department of State's records. | statutory filing requirements, this date | will not be listed as |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were accition was not required. | dopted by the incorporators, or board | of directors without shareholder action a | and shareholder |
| The amendment(s) was/were ac by the shareholders was/were s | lopted by the shareholders. The num sufficient for approval. | nber of votes east for the amendment(s) | |
| "The number of votes case | r each voting group entitled to vote at for the amendment(s) was/were suf | ficient for approval | |
| | , , , , , , , , , , , , , , , , , , , | | |
| 08/03/2022 Dated | 2 | | |
| Signature | WHEN EME | bunder | |
| 2010010 | irector, president or other officer – i d, by an incorporator – if in the hand ted fiduciary by that fiduciary) | f pirectors or officers have not been is of a receiver, trustee, or other court | |
| | UTTAM K MAZUMDER | | |
| | | | |
| | (Typed or printed name | of person signing) | |
| | (Typed or printed name of PRESIDENT | of person signing) | |