P2'3000013286

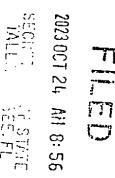
(Requestor's Name)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Overland Fakita Nama)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Cassial Issue of Silver Office	
Special Instructions to Filing Officer:	
Check abox	

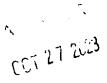




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: KESHAY2023 IN	C	
DOCUMENT NUMBER: _	P23000013286		
The enclosed Articles of Am	endment and fee are su	bmitted for tiling.	
Please return all corresponde	nce concerning this ma	tter to the following:	
KETA	NKUMAR DONDA		
KESF	IA Y2023 INC	Name of Contact Person	ח
1220	Main street	Firm/ Company	
		Address	
DUNI	EDIN FL 34698		
AMOI	LAVISIDO CNAR O	City/ State and Zip Cod	e
	IAY7510@GMAIL.CO	sed for future annual report	notification)
For further information conc	erning this matter, pleas	se cali:	
KETANKUMAR DONDA		727 at (900-9064
Name of Con	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KESHAY2023 IN	С	
DOCUMENT NUM	P23000013296		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	KETANKUMAR DONDA		
	KESHAY2023 INC	Name of Contact Persor	1
		Firm/ Company	
•	1220 Main street		
		Address	
	DUNEDIN FL 34698		
		City/ State and Zip Code	
	AKSHAY7510@GMAIL.CC	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (900-9064
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	S43.75 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)
Am Div P,O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 essee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

KESHAY2023 INC

2023 OCT 24 AM 8: 57

(Name)	of Corporation as currently	filed with the Florida Dept. (1 Stafe 1.7	
P23000013286		The state of the s	TALL	CESTATE COSEELED
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Horida Profit Corporation adop	ots the following	amendment(s
A. If amending name, enter the new n.	ame of the corporation:			
<u></u>			·	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp." "Inc." or "Co" A	ompany," or "incorporated" or professional corporation nan	the abbreviation ie must contain	"Corp.," the word
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
(i row par office unaress most bl. As	TREET ADDRESS)			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>)		N/A		
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name	of the	
new registered agent and/or the nev	v registered office address:			
Name of New Registered Agent	N/A			
	(Florida stre	et address)		
New Registered Office Address:		. P	lorida	
	(City)	(Zip Co	de)
Nov. Domintornal Association Circumstance (Co.	h			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations o	f the position,	
	Signature of New Re	gistered Agent, if changing		
	.,	Company of the compan		
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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	PATEL, BHAVANABEN	1220 MAIN ST DUNEDIN,
Add			FL 34698
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			4- 4-4
6) Change			
Add			
Remove			

5/A	or adding addition onal sheets, if neces	ssury). (ne spec	лусу			
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If an amenda			: σ			
nrovisions fo	nent provides for a or implementing th	in exchange, reci he amendment if	not contained	in the amendme	nt itself	
(if not ap	plicable, indicate :	V/4)				
/A						
						
<u> </u>						
						
					,	

	09/28/2023		
The date of each amendment(s) ad date this document was signed.	loption:	if other	than the
	8/2023		
Effective date <u>if applicable</u> :		001 6 1 01	
	(no more than	n 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the app partment of State's records.	olicable statutory filing requirements, this date will not be liste s.	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, o	or board of directors without shareholder action and shareholder	•
☐ The amendment(s) was/were ado by the shareholders was/were su		The number of votes east for the amendment(s)	
		through voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes cast I	for the amendment(s) was/v	were sufficient for approval	
by		."	
,,,,,	(voting group)		
09/28/2023			
Dated		Bond.	
	_	Dead	
Signature			
selected	rector, president or other of	flicer – if directors or officers have not been the hands of a receiver, trustee, or other court	
	KETANKUMAR DONDA	\	
-	(Typed or printe	ed name of person signing)	
	PRESIDENT		
-	(Title of person	signing)	



October 14, 2023

KETANKUMAR DONDA 1220 MAIN STREET DUNEDIN, FL 34698

SUBJECT: KESHAY2023 INC. Ref. Number: P23000013286

We have received your document for KESHAY2023 INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

UC1 24 2023

Letter Number: 023A00023855