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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ARCO 830 INC		
DOCUMENT NUMI	BER: P23000018311		
	of Amendment and fee are sub	unitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	RAJESHKUMAR SUTHAR		
		Name of Contact Person	
		Firm/ Company	
	103 DEWBERRY DR		
		Address	
	SYLVESTER, GA 31791		
		City/ State and Zip Code	
	rajusuthar1979@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RAJESHKUMAR SI	JTHAR	at (229-886-2170 de & Daytime Telephone Number
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	artment of State:
■ \$35 Filing Fee	\$43,75 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)
An Div	niling Address mendment Section rision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ARCO 830 INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P23000018311	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Fl its Articles of Incorporation:	Porida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2023 C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE PH 3: 13
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent RAJESHKUMAR SUTHA	К
<u>830 E TEFFE</u> (Florida stre	ERSON ST et address)
New Registered Office Address: QUINCY (City) Florida 32351 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w R.B. Julhar Signature of New Re	ith and accept the obligations of the position. egistered 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, 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 = ChiefExecutive 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	VP	RAJESHKUMAR PATEL	103 DEWBERRY DR
1) Change			SYLVESTER, GA 31791
Add			
Keniove	VP	RAJESHKUMAR SUTHAR	103 DEWBERRY DR
2) Change Add	_		SYLVESTER, GA 31791
Remove 3) Remove Add			
Remove 4)ChangeAdd			
Remove Change Add			
Remove 6) Change Add			
Remove			

	Articles, enter chang y). (Be specific)			
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	-		<u> </u>	
				
		<u> </u>		
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				_
				<u> </u>
<u> </u>	 			
				
<u>If an amendment provides for an </u>	exchange, reclassific	ation, or cancellation	of issued shares,	
provisions for implementing the	amendment if not co	ntained in the amend	iment (tself:	
(if not applicable, indicate N/A	1)			
	<u> </u>	 _		
				-
				<u> </u>
				_

•

	MARCH 01, 2023	, if other than the
The date of each amer date this document was	differences adoption:	, if other than the
Effective date <u>if appli</u>	rable:	
incerve date <u>in appro-</u>	(no more than 90 days after amendment file date)	
Note: If the date inser document's effective da	ted in this block does not meet the applicable statutory filing requirements, this are on the Department of State's records.	s date will not be listed as the
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)	
The amendment(s) vaction was not requi	was/were adopted by the incorporators, or board of directors without shareholder red.	action and shareholder
The amendment(s) by the shareholders	was/were adopted by the shareholders. The number of votes cast for the amendm was/were sufficient for approval.	ent(s)
The amendment(s) must be separately	was/were approved by the shareholders through voting groups. The following sta provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number	of votes cast for the amendment(s) was/were sufficient for approval	
bv	"	
<u> </u>	(voting group)	
Date	d 06/13/2013	
Sign	d06/13/2013 ature	
	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
	RAJESHKUMAR SUTHAR	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	