P23000027316

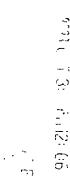
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SWARA INC		
DOCUMENT NUME			_
	of Amendment and fee are su	bmitted for filing,	
Please return all corres	pondence concerning this ma	tter to the following:	
		KHODABHAI G PATEL	
		Name of Contact Persor	1
		Firm/ Company	
		1700 49TH ST S	
		Address	
	SA	INT PETERSBURG, FL 3	3707
		City/ State and Zip Code	e
	ΛR	UNWALIACPA@YAHO	D.COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ARUN WALIA		at (443	de & Daytime Telephone Number
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	\$43.75 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of SWARA INC		
(Name o	of Corporation as currently filed with the F	lorida Dept. of State)	
\ <u></u>	P23000027316		
	(Document Number of Corporation (if)	(nown)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendme	:nt(s)
. If amending name, enter the new na	ime of the corporation:		
		The new	
	the word "corporation," "company," or "ind "orp," "Inc," or "Co". A professional co or the abbreviation "P.A."		
. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
. If amending the registered agent an	id/or registered office address in Florida, e	nter the name of the	
new registered agent and/or the nev			
Name of New Registered Agent	CHRISTEEN MARIE KEELER		
	7028 GORDON DR	- - -	
	(Florida street address)	1.5)
New Registered Office Address:	PORT RICHEY	Florida 34668 Q	,
New Registerea Office Address.	(City)	(Zip Code)	
ew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept th	e obligations of the position.	
	Christewn Hadas		
	Signature of New Registered Agent, i	fchanging	

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 = 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	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	DARSHIT N MODI	2 MARATHON CT #2A
Add		-	CATONSVILLE, MD 21228
x Remove			
2) Change	P	KHODABHAI G PATEL	4470 CAMELOT RD
x Add			SPENCER, IN 47460
Remove Change			
Add			
Remove			
4) Change		.	·
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
···		<u>-</u>
 		
		
f an amendment provides for an exchange for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nument if not contained in the amendment users.	

ate this document was signed.	s) adoption:	, if other than th
·	10/16/2023	
ffective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	Il not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	d shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
	•	
	(voting group)	
	(voting group)	
by	(voting group)	
by	(voting group)	
Dated	(voting group)	
Dated	(voting group)	
Dated	(voting group)	
Dated	(voting group) (voting group)	
Dated	(voting group) (voting group)	