## P23000035383

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| _                                       |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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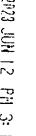
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | ORATION: VRDDHI INC                        |  |  |  |
|--|--|--|--|--|
| DOCUMENT NUM   | 1BER: P23000035383                         |  |  |  |
|  | es of Amendment and fee are su             | abmitted for filing.   |  |  |
| Please return all corr   | respondence concerning this ma             | itter to the following:  |  |  |
|  | APURVA PATEL                               |  |  |  |
|  | Area -                                     | Name of Contact Persor   | 1  |  |
|  | VRDDHI INC                                 |  |  |  |
|  | Firm/ Company                              |  |  |  |
|  | 4915 S US HWY 1                            | • ,  |  |  |
|  |  | Address  |  |  |
|  | FORT PIERCE, FL 34982                      |  |  |  |
|  |  | City/ State and Zip Code   | e  |  |
|  | apurvafl@gmail.com                         |  |  |  |
|  |  | sed for future annual report                                     | notification)  |  |
| For further informati  | on concerning this matter, plea            | se call:<br>at ( <sup>772</sup>                                  | <b>.</b> 460-6348  |  |
| Name   | e of Contact Person                        | at ( Area Co   | de & Daytime Telephone Number  |  |
| Enclosed is a check  | for 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) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)     |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Amend<br>Divisio<br>The Co                                       | Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

| VRDDHI INC   |                                 |   |                                   |
|--|---------------------------------|---|-----------------------------------|
| (Name  | of Corporation as currently     | filed with the Florida Dept.                                | of State)                         |
| P23000035383   |                                 |   |                                   |
|  | (Document Number of             | Corporation (if known)                                      |                                   |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, this F | <i>lorida Profit Corporation</i> ad                         | opts the following amendment(s) t |
| A. If amending name, enter the new n   | ame of the corporation:         |   |                                   |
| N/A  |                                 |   | The new                           |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contractered," "professional association," | Corp," "Inc," or "Co". A        | ompany," or "incorporated" o<br>professional corporation no | or the abbreviation "Corp.,"      |
| B. Enter new principal office address,   | if annlicable:                  | N/A   |                                   |
| (Principal office address MUST BE A.S.   | TREET ADDRESS                   |   | <del></del>                       |
|  |                                 |   |                                   |
|  |                                 |   | <del></del>                       |
| C. Enter new mailing address, if appl  | icable:                         |   |                                   |
| (Mailing address MAY BE A POST   |                                 | N/A   |                                   |
|  |                                 |   |                                   |
|  |                                 |   | <del></del>                       |
|  |                                 | <del></del>   | <del></del>                       |
| D. If amending the registered agent ar   |                                 |   | ie of the                         |
| new registered agent and/or the new  |                                 |   | Florida Cip Code) FL              |
| Name of New Registered Agent   | N/A                             | -   |                                   |
|  |                                 |   | 72                                |
|  | (Florida stre                   | et address)   | <u> </u>                          |
| New Registered Office Address:   |                                 |   | Florida (4)                       |
|  | (                               | City)   | (Zip Code)                        |
|  |                                 |   | TH +                              |
| New Registered Agent's Signature, if c   | hanging Registered Agent        |   |                                   |
| Thereby accept the appointment as regist   |                                 | ith and accept the obligations                              | of the position.                  |
|  |                                 |   |                                   |
|  |                                 |   |                                   |
| <u></u>  | Signature of New Re             | gistered Agent, if changing                                 | <del></del>                       |
|  | Signature of free Re            | America rigem, y enanging                                   |                                   |
| Check if applicable  | ouronant to 5 607 0120 (13) (   | a) UC   |                                   |
| ☐ The amendment(s) is/are being filed p  | ausuant to s. 607.0120 (11) (   | c), r.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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | <u>PT</u>    | John Doe     |                         |
|----------------------------|--------------|--------------|-------------------------|
| X Remove                   | <u>v</u>     | Mike Jones   |                         |
| X Add                      | <u>sv</u>    | Sally Smith  |                         |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>  | <u>Addres</u> s         |
| 1) Change                  | VP           | HINA PATEL   | 5903 NW FAVIAN AVE      |
| X Add                      |              |              | PORT ST LUCIE, FL 34986 |
| Remove                     |              |              |                         |
| 2) Change                  | <u>T</u>     | SACHIT PATEL | 8067 KIAWAH TRACE       |
| X Add                      |              |              | PORT ST LUCIE, FL 34986 |
| Remove 3 ) Change          |              |              |                         |
| Add                        |              |              |                         |
| Remove                     |              |              |                         |
| 4) Change                  | <u></u>      |              | S 27.23                 |
| Add                        |              |              |                         |
| Remove                     |              |              | T : 2                   |
| 5) Change                  |              |              |                         |
| Add                        |              |              | <u> </u>                |
| Remove                     |              |              | . <u>TE</u> S           |
| 6) Change                  |              |              | <del></del>             |
| Add                        |              |              |                         |
| Remove                     |              |              |                         |

| Attach additional sheets, if necessary). (Be specific)  |                                       |             |
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| f an amendment provides for an exchange, reclassification, or cance                                 | ellation of issued shares,            |             |
| provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A) | amendment itself:                     |             |
|   |                                       | 2023<br>SFC |
|   |                                       | 7.C 33      |
|   |                                       |             |
|   |                                       |             |
|   |                                       | 77          |
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|   |                                       |             |

| The date of each amendmen                                      |  | , if other than the  |
|--|--|--|
| date this document was signed<br>Effective date if applicable: | MAY 15TH 2023  |  |
| eneeme date <u>ir appreusie</u> .                              | (no more than 90 days after  | amendment file date)   |
|  | this block does not meet the applicable statuto<br>he Department of State's records.   | ry filing requirements, this date will not be listed as the      |
| Adoption of Amendment(s)                                       | (CHECK ONE)  |  |
| The amendment(s) was/we action was not required.               | re adopted by the incorporators, or board of dire  | ectors without shareholder action and shareholder                |
|  | re adopted by the shareholders. The number of tere sufficient for approval.  | votes cast for the amendment(s)                                  |
|  | re approved by the shareholders through voting ed for each voting group entitled to vote separat   |  |
| "The number of vote  | s cast for the amendment(s) was/were sufficient  | for approval   |
| by   |  | "  |
|  | (voting group)   |  |
| MAY<br>Dated   | 15TH 2023  |  |
| Signature _  | April Potal By a director, president or other officer – if direc   |  |
| (I<br>s  | y a director, president or other officer – if directled, by an incorporator – if in the hands of a ppointed fiduciary by that fiduciary) | tors or officers have not been receiver, trustee, or other court |
|  | APURVA PATEL   |  |
|  | (Typed or printed name of pers   | son signing)   |
|  | PRESIDENT  |  |
|  | (Title of person signing)  |  |

2023 JUN 12 PM 3: 15