<u> </u>	(Requestor's Name)			
.	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ASTHA LAKSHI	MI INC	
	MBER: P23000042975		
	es of Amendment and fee are si	ubmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Tej Kumar Karki		
		Name of Contact Person	on
	ASTHA LAKSHMLINC		
		Firm/ Company	
	4693 LATHLOA LOOP		
		Address	
	LAKELAND, FL 33811		
	City/ State and Zip Code		
	tkarki@hotmail.com		
	E-mail address: (to be u	sed for future annual repor	t notification)
For further informati	ion concerning this matter, plea	se call:	
Tej Kumar Karki		at (<u>682</u>	5581974
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check f	for the following amount made	payable to the Florida Dep	partment 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

ASTHA LAKSHMI INC					
P23000042975	of Corporation as cur	rently filed with the Flor	ida Dept. of State	9	
	(Document Numl	ber of Corporation (if kno	wn)		
Pursuant to the provisions of section 607 its Articles of Incorporation:			•	ollowing amendr	ment(s) to
A. If amending name, enter the new r	name of the corporation	n <u>:</u>			
N/A				m.	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co	". A professional corna	oorated" or the abb ration name must	The ne previation "Corp. contain the wo	••
B. Enter new principal office address	if applicable:	N/A			
(Principal office address MUST BE A.S.	STREET ADDRESS)			202	-
				ALL	71
			-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		15.54 0	100
100 1031 1031	OFFICE BOX			*************************************	
			.	Q N	
				SS SE	
D. If amending the registered agent a	nd/or registered office	address in Florida, enter	the name of the		
new registered agent and/or the ne	w registered office add	lress:			
Name of New Registered Agent	N/A 				
			-		
	(Florid	la street address)			
New Registered Office Address:	N/A		. Florida		
		(City)	i kanda	(Zip Code)	
New Registered Agent's Signature, if c	hanging Desistant As	4.			
hereby accept the appointment as regist	tered agent. I am famil.	tent: lar with and accept the ob	ligations of the po.	sition.	
	Signature of No	w Registered Agent, if cho			
	organiane of the	п педышей пуси, у сло	inging		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

X Change	<u>P</u> T	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>	Address
1) Change	P	Samixha Karki	4693 Lathloa Loop
Add			Lakeland, FL 33811
X Remove			
2) X Change	<u>P</u>	Tej Kumar Karki	4693 Lathloa Loop
Add			Lakeland, FL 33811
Remove 3.) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5)Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

(Attacl	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	, , , , , , , , , , , , , , , , , , ,
-	
_	
·	
If an a	nendment provides for an exchange, reclassification, or cancellation of issued shares,
prove	ions for implementing the amendment if not contained in the amendment itself:
	not applicable, indicate N/A)
'A	

,

0/8/08/2023	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/15/2023 Effective date <u>if applicable</u> :	
(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	,,
by(voting group)	 -
Dated 08/10/2023	
Signature	
(By a director, president or other officer - if directors of	
selected, by an incorporator – if in the hands of a recei-	ver, trustee, or other court
appointed fiduciary by that fiduciary)	
Tej Kumar Karki	
(Typed or printed name of person si	gning)
VP	
(Title of person signing)	