# P2400005188

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	SAFAYAR SURFACES	SINC		
DOCUMENT NUMBER:	OCUMENT NUMBER: P24000057788				
The enclosed Articles of Art	nendment and fee are su	ibmitted for filing.			
Please return all correspond	ence concerning this ma	uter to the following:			
		RUPESH PATEL			
		Name of Contact Person	1		
		Firm/ Company			
	1	 10152 SILVERBROOK TR	I.		
	<del>_</del>	Address			
	JACKSONVILLE, FL32256				
City/ State and Zip Code					
	catavar	surfacesinc@gmail.com			
		sed for future annual report	notification)		
For further information con-		904	, 626 9111		
Name of Contact Person		at (at Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	ortment of State:		
S35 Filing Fee [	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

# Articles of Amendment to

# Articles of Incorporation

 $\mathbf{of}$ 

## SAFAYAR SURFACES INC

(Name of Corporation as curre	ntly filed with the Florida D	ept. of State	;)	
P2400005778	8			().60
(Document Numbe	r of Corporation (if known)	<u></u> _	<del></del>	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation	adopts the	following an	nendment(s)
A. If amending name, enter the new name of the corporation:				
				e new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.2"	A professional corporation	d" or the abi name_mus	breviation "( contain th	Corp.," e-word
B. Enter new principal office address, if applicable:				_
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			_	
			<u> </u>	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
<u></u> ,	<u>-</u>			<del></del>
			<del></del>	<u></u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.		name of the		
new registered agent and/or the new registered office additi	<del></del>			
Name of New Registered Agent				
(Florida	street address)			
New Registered Office Address:		r:( .: )		
isew Registered Office Address.	(City)	Florida_	(Zip Code	<del></del>
	·			
New Registered Agent's Signature, if changing Registered Age	nt:			
I hereby accept the appointment as registered agent. I am familia		ons of the po	sition.	
Signature of New	Registered Agent, if changing	Ľ.		
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	I) (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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
$\underline{X}$ Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	BHAVESH PATEL	421 AMALURRA TRAIL
Add			ST JOHN'S, FL 32259
Remove			
2) Change	<u>S</u>	BHAVESH PATEL	421 AMALURRA TRAIL
X_Add			ST JOHN'S, FL 32259
Remove Change	D	SAFAYAR CERAMICS PRIVATE LIMITED	949/2, GAMADI VIARAWADA RÕAD
Add			HIMATNAGAR, GJ 383001 IN
Remove			
4) Change			
Add			
Remove			
51 Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additio</i>	r adding additional A nal sheets, if necessary	e). (Be specific)			
			***		
				<del>_</del> _	
				m	
		<del></del>			
	<u> </u>				
	<del></del> -	<del></del>			
				<del>-</del> ,	
	<del>-</del> -				
_				<del>-</del>	
an amendn	ent provides for an e	vehange reelassifies	tion or cancellatio	n of icenad charac	
provisions fo	r implementing the a	mendment if not cor	itained in the amen	dment itself:	
(if not ap	plicable, indicate N/A)				
				<del> </del>	
<del></del>	<del></del>				
		-	<del></del>		
				-	
				<del></del>	

The date of each amendment(s) adoption:	11/27/2024	, if other than the
date this document was signed.		, it objet than the
Effective date if applicable:	11/27/2024	
(no mo	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet a document's effective date on the Department of State's r	the applicable statutory filing requirements, ecords.	this date will not be listed as the
Adoption of Amendment(s) (CHECK O	NE)	
The amendment(s) was/were adopted by the incorpor action was not required.	ators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amen	dment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	olders through voting groups. The following ntitled to vote separately on the amendment(	statement s):
"The number of votes cast for the amendment(s	) was/were sufficient for approval	
by		
(voting group	p)	
Dated 11   27   2024	<u>.</u>	
Signature	other officer – if directors or officers have no	• t
selected, by an incorporator	- if in the hands of a receiver, trustee, or oth	i been er court
appointed fiduciary by that	fiduciary)	
TUSHARKUMA	R HARISHANKAR RAVAL	
(Typed or	r printed name of person signing)	
INCORPORATO	OR .	
(Title of p	person signing)	