## 552984

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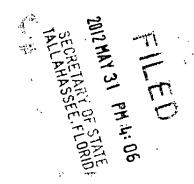
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OR 10/1/12

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: JAS LALLY DEVELOPMENT INC
DOCUMENT NUMBER: 552984
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAS LALLY
Name of Contact Person
LALLY DEVELOPMENT
Firm/ Company
3501 WEST COLONIAL DRIVE
Address
3501 WEST COLONIAL DRIVE Address ORLANDO FL 32808
City/ State and Zip Code
City/State and Zip Code  jas wias lally. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation
of

FI		E	D
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JAS LAL	LY DEVELO	DMENT	2012 HAY 31 PM 4: 06
_	currently filed with the Flo	orida Dept. of State	
S	52984		TALLAHASSEE. FLORIDA
(Documen	t Number of Corporation (if	known)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corpor	
A. If amending name, enter the new na	me of the corporation:		
LALLY DEVELO	PMENT IN	CORPORA	TION The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design- word "chartered," "professional associate	ation "Corp," "Inc," or "C	Co". A professional P.A."	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address,	if applicable:	3501 WES	T COLONIAL DRIVE
(Principal office address <u>MUST BE A ST</u>		ORLAND	T COLONIAL DRIVE O FL 32898
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C		3501 WES	OFL 32808
D. If amending the registered agent and new registered agent and/or the new		_	
Name of New Registered Agent	3501 WEST C	-/ 041.04	news
New Registered Office Address:	(Florida sire	et aaaress)	Florida 32808 (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith and decept the ob	ligations of the position.
Ct	anatura of New Pagistard A	and if changing	<del></del>

address of each Officer and/or Director being added:	If amending the Officers and/or D	Directors, enter the title and name of each officer/director being removed and title, name, a	and
	address of each Officer and/or Dir	rector 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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	<u>5</u> V	LALLY, SUNVEER N	6043 LOUISE COVE DR WINDERMERIE FL 34786 US
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		_	

, ,	cles, enter change(s) here: (Be specific)
The state of the s	
* 100	
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lf an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ament 1 ngr contained in the amendment tisein.
(if not applicable, indicate N/A)	The state of the s
provisions for implementing the amen (if not applicable, indicate N/A)	The state of the s
provisions for implementing the amen (if not applicable, indicate N/A)	The state of the s
provisions for implementing the amen (if not applicable, indicate N/A)	The state of the s
provisions for implementing the amen (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	MAY 30 2012 MAY 30 2012
Effective date <u>if applicable</u> :	MAY 30 2012 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
by	(voting group)
action was not required.  The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
DatedMAY	30 2012
Signature	Jadolly/
(By a director, preselected, by an in	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
JA	GVINDER LALLY
	(Typed or printed name of person signing)
PK	PESIDENT
	(Title of person signing)