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SECRETARY OF STATE
TALLARIASSEE, FLOREA

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: SHITAL INC. DOCUMENT NUMBER: V43382				
DOCUMENT NUMBER: V43382				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Hasmulch R Patel Name of Contact Person Shital inc. Firm/ Company				
Shital inc.				
Firm/ Company				
Hernando FL. 34442. City/ State and Zip Code				
Address '				
Mernando FL. 34442				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address. (to be used for future aimaat report normeation)				
For further information concerning this matter, please call:				
Haymukh R Patul at (352) 514-0401 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 (Additional copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certificate of Status (Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certificate of Status (Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				
Division of Corporations Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

FILED

SHITAL	INC	,	14 DEC 23 A	H11: 09
(Name of Corporation as currently file V 433 % 2 (Document Number of Corporation as currently file	ed with the Flori	da Dept. of State)	SECRETARY OF TALLAHASSEE, F	STATE LGRIDA
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	•		tion adopts the followit	ng amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	""Inc," or "Co"	'. A professional co	corporated" or the a	The new abbreviation contain the
B. Enter new principal office address, if applicable:	_	-		_
(Principal office address <u>MUST BE A STREET ADDI</u>		_		
	-	_		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- 0 - -			- - -
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter th	e name of the	
Name of New Registered Agent				
	(Florida street e	address)	_	
New Registered Office Address:	(City)	, F	orida(Zip Code)	_
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	stered Agent: am familiar with	and accept the oblig	gations of the position.	
	<u> </u>	·		
Signature of Nev	v Registered Age	nt, if changing		

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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike .</u>	Jones .	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Pres. V. Pres.	Shitel H Patel	Hernando
Remove			FL 34442
2) Change Add	Sec. Tress,	Shital Head	ternando
Remove 3) Change Add Remove			FL 34442
4) Change Add Remove	P <u>res</u> . See.	Hasmuky R Pat	1 464 E. Libery St Hernando FL 34442
5) Change Add Remove	V.P Tres.	INDZRA HPATO	Hernands FL 34442
6) Change			
l l Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	 -
W W	
lf an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	_

The date of each amendment(s) ac	loption: 2 2 2 14	, if other than the
date this document was signed.	-	
Effective date if applicable:	12/22/14	
Energy date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	ppted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	•
Dated	2/22/14	
Signature	b. Ru	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	Hosmuku R Patel.	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	