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SECRUTARY OF STATE

YOUR STORY OF CONTORNATION

JAN 2.2 2014
T. LEIMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	LABH	HENTERPRISE	S INC.
DOCUMENT NUMBER:	PO	6000007982	
The enclosed Articles of Amendm	ent and fee are su	abmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
	PF	RAMUKHA PATE	ΞL
- 		Name of Contact Person	n
	LABH	H ENTERPRISE	S INC.
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1	3521 SE HIGHV	VAY 25
		Address	
<u></u>	OCKLAWA	AHA, FL 32179	
		City/ State and Zip Cod	e
dppa	itel1986@	yahoo.com	
E-mail	address: (to be u	sed for future annual report	notification)
For further information concerning	this matter, pleas	se call:	
PRAMUKHA PATE	EL	at (352	, 288-5036
Name of Contact P	erson		de & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made	payable to the Florida Depa	artment of State:
_	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

LABH ENTERPRISES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

	P06000007982		···
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>F</i>	Ilorida Profit Corporation adopts the following	ing amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
N.A.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the lo". A professional corporation name mus 2.4."	abbreviation t contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N.A.	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N.A.	_
			
D. If amending the registered agent ar new registered agent and/or the ne		ss in Florida, enter the name of the	SECTION SECTION
Name of New Registered Agent	N.A.		JAN 13
Trumo of Iron Register ou rigers			-3 等 是
	(Florida stree	et address)	3 3000
New Registered Office Address:	N.A.	Florida N.A.	See STATE
	(City)	(Zip Code)	
New Registered Agent's Signature, if c		ith and accept the obligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	<u></u>		
Si	gnature of New Registered Ag	gent, 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 <math>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.

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)	Title	Name	Address
1) Change	S	ANILKUMAR P PATEL	866 SE 65 CIR
Add			OCALA, FL 34472
Remove			
2) Change	S	INDRAJIT K PATEL	12439 SE 135TH TER
Add			OCKLAWAHA, FL 32179
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			***************************************
Remove			

(Attach additional sheets, if necessary).	(Be specific)	
N.A.		
	· · · · · · · · · · · · · · · · · · ·	
-		
		
F. If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cance	illation of issued shares,
(if not applicable, indicate N/A)	indirent if not contained in the	amenument usen.
N.A.		
		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were sufficient	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved 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 i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated DECEMI	BER 31, 2013	
Signature	n	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	PRAMUKHA PATEL	
- -	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	Refore me down 01/08/14	
	PRAKASH AJWANI Commission # 1896359 Notary Public - California Orange County My Comm. Eypires Jul 23, 2014	