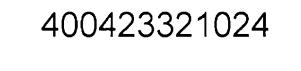
P140000 20201

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORI	NE
MAR - 4 2024		

Office Use Only



02/13/24--01012--022 **52.50



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Nuovo Smart Corp). 	
	BER: P14000020201		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Roberto S Leyva		
		Name of Contact Person	
		Firm/ Company	
	2465 NW 97 Avenue		
		Address	
	Doral, Fl. 33172		
		City/ State and Zip Code	
	admin@kronsmart.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Roberto S Leyva		at (597-5144
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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)
Amo Div	ling Address endment Section ision of Corporations Box 6327	Amendi Division	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Artic	les of Amendment	. 10)
to Articles of Incorporation		
Artice	of	
Nuovo Smart Corp.		. · · نن
(Name of Corporation as c	currently filed with the Florida Dept. of S	
		:: <u>=</u>
(Document No	umber of Corporation (if known)	ာ် က
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:	
Kronsmart Corp		The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	Co". A professional corporation name i	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered off		<u>the</u>
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent N/A		
(F)	orida street address)	<u>-</u>
New Registered Office Address: N/A	, Flor	ida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	I Agent: miliar with and accept the obligations of th	ne position.
Signature of	f New Registered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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)

Example:

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change	-		<u> </u>
Add			·
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter chang (Attach additional sheets, if necessary). (Be specific)	e <u>(s) here</u> :
N/A	
	···-
	
	
F. If an amendment provides for an exchange, reclassifica	tion or cancellation of issued shares
provisions for implementing the amendment if not cor	tained in the amendment itself:
(if not applicable, indicate N/A) N/A	
IV/A	
	

.

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the a fficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendn	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
01/31/2024 Dated		
S:	Drul P	
Signature(By a di	rector, president of other officer – if directors or officers have	re not been
selected	by an incorporator - if in the hands of a receiver, trustee, o	
appoint	ed fiduciary by that fiduciary)	
	Roberto S. Leyva (Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	President - owner	
	(Title of person signing)	

•