## F97959

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: King SANDIALS, INC.					
DOCUMENT NUMBER: F97959					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Christina Lopez Name of Contact Person					
Name of Contact Person					
Kino Sandals, Inc.					
····					
107 Fitzpatrick St. Address					
Address					
KRY WEST, FL 33040  City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future aimual report notification)					
For further information concerning this matter, please call:					
Christing Lopez at (305) 294-5044 ext, some of Contact Person at (305) 294-5044 ext, some of Contact Person Area Code & Daytime Telephone Number	7				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					
Mailing Address Street Address					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 of

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, Florida (Zip Code)
tzib Codei

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Attach additional she	ng additional Articles, enter ets. if necessary). (Be spec	· change(s) here: ific)		
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Gf not annlicable	menting the amendment if indicate N/A)		amendment itself:	
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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.

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
1) X Change		M. Christina Ruiz	#IW. Cypress Terr.
Add			Key West, FL 33040
Remove 2) Change Add		M. Christina Lopez	#1 W. Cypress Terr. Key West FL 33040
Remove 3) Change	_		
Add Remove			<del></del>
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change	<del></del>	<del>-</del>	
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, o action was not required.	r board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	the number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled t	
"The number of votes cast for the amendment(s) was/w	vere sufficient for approval
by	•
by (voting group)	<del></del>
Dated 11-1(c-22	
	the hands of a receiver, trustee, or other court
Christin (Typed or printed	A LODEZ d name of person signing)
<u> </u>	
(Title of person s	signing)