## JG 5160

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	- #\
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
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(1000	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
Special instructions to i	illing Officer.	i

Office Use Only



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A. BUTLER MAR 2 8 2023

## **COVER LETTER**

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

SUBJECT:	CORPORATE NAME			
Enclosed are an ori	ginal and one (1) copy of the re	stated articles of incorpora	ntion and a check for	
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy  ADDITIONAL CO	# \$52.50 Filing Fee. Certified Copy & Certificate of Status PY REQUIRED	
FROM: N	atasha Kawasaki Nam	ie (Printed or typed)		
50	50 Stepp Ave.			
<u></u>		Address		
Ja	cksonville, FL 32216			

NOTE: Please provide the original and one copy of the document.

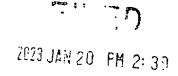
City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

(904) 730-3766

rtromeo@romeolawfirm.com



## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE 1</u> NAME The name of the corporation is:						
The name of the corporation is:	<del></del>			-	···	
ARTICLE II RESTATED.	ARTICI ES					
The text of the Restated Article	es is as follows:					
<del></del>						
			<u>.</u>			
		·				
			<del></del>			
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## ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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)

Add

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:	pr	116.15	
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) Change	PST	KIM KAWASAKI	5050 Stepp Ave.
Add			Jacksonville, FL 32216
X Remove			
2) Change	PST	NATASHA KAWASAKI	5050 Stepp Ave.
X Add			Jacksonville, FL 32216
Remove			
3) Change			
Add			
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			

•			
_	IV AMENDED REGISTERED		
Name:	<u>and Florida street address</u> (20) Natasha Kawasak	<ul> <li>Box NOT acceptable) of the registered agent i</li> </ul>	ISI
Address:	5050 Stepp Ave.		
. radio	Jacksonville, FL 3	2216	
Having bee certificate,	I am familiar with and accept th	accept service of process for the above stated contempointment as registered agent and agree to a unusual ag	orporation at the place designated in this o act in this capacity  \frac{\frac{1}{6}\frac{7}{3}}{\Date}
Thes	<u>VII_REQUIRED ADOPTION</u>	poration consolidate all amendments i	nto a single document;
_	applicable: mendment(s) is/are being t	filed pursuant to s. 607.0120(11)€, F.S	i
The date	of each amendment(s) ac	doption is:	•
Adoption	of Amendment(s)	(CHECK ONE)	
	mendment(s) was/were ado d shareholder action was no	opted by the incorporators, or board of ot required.	director without shareholder
The ar	nendment(s) was/were ado ent(s) by the shareholder wa	opted by the shareholders. Then numbers/were sufficient for approval.	er of votes east for the
statement amendme	must be separately provident(s).	proved by the shareholders through vot led for each voting group entitled to vo	ote separately on the
"The	number of votes east for the	he amendment was/were sufficient for	approval by

KIICLEVIII EFFE			
Effective date, if other th		(OPTIONAL)	
If an effective date is l	isted, the date must be specific	ic and cannot be more than 90 days after the filing.)	
Note: If the date inserte he document's effective	d in this block does not meet the date on the Department of State	ne applicable statutory filing requirements, this date will not be list ite's records.	ed as
submit this document locument to the Departn	and affirm that the facts stated nent of State constitutes a third a	d herein are true. I am aware that the false information submitted degree felony as provided for in s.817.155, F.S.	d in a
Dated	1: V16/2023		
Signa	ature: M Koulds (By a director, pre	esident or other officer – if directors or officer	ficers
	have not been selected.	esident or other officer — if directors or off d, by an incorporator — if in the hands of a receiver, trust fiduciary by that fiduciary)	
	Notasha k	hawa sa ki printed name of person signing)	
	Presiden	erson signing)	
	(Time of per	www.organie)	