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2024 DEC 30 PM 1: 14 SECRLINANCES MATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CODDODATION	EM Ke	ndall Roalty	Inc.				
NAME OF CORPORATIONS			, acrec .				
DOCUMENT NUMBER:650118876							
The enclosed Articles of Amend	iment and fee are su	bmitted for filing.					
Please return all correspondence	concerning this ma	itter to the following	ţ:				
	Aharon	Emano					
	Name of Contact Person						
Firm/ Company					<u> </u>	_	
Bo Box 267							
Address							
Address Hallandale FL. 33008 City/ State and Zip Code							
	_	City/ State and Z	ip Code				
ronny emano a gmail. com E-mail address: (to be used for future annual report notification)							
For further information concern	ing this matter, plea	se call:					
Aharon E	mano	at (54)	663	4222 Telephone Num		
Name of Contac	t Person	. Α	Area Code d	& Daytime	: Telephone Num	ber	
Enclosed is a check for the follo	owing amount made	payable to the Flori	da Departn	nent of Sta	te:		
, ,	43.75 Filing Fee & ertificate of Status	S43.75 Filing I Certified Copy (Additional cop enclosed)	•	3852.50 F Certifica Certified (Addition is enclose	te of Status Copy nal Copy		
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Street Address 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

οf

EM K	Lendall Roulty	Inc			
(Name of	Corporation as currently		la Dept. of State	<u>:</u>)	
	K,	86093			
	(Document Number of	Corporation (if know	n)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this I	lorida Profit Corpord	ation adopts the	following ame	ndment(s) to
A. If amending name, enter the new nam	e of the corporation:				
				The	new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Con" chartered," "professional association," or	p," "Inc," or "Co". A	ompany," or "incorpo professional corport	orated" or the ab ation name mus	breviation "Co t contain the	orp.," word
B. Enter new principal office address, if					
(Principal office address <u>MUST BE A STE</u>	REET ADDRESS)			2024 SEG	
				E B	77
				H 30	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Q)) SSSS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(making duaress <u>may be a rost (y</u>	<u>11CL BOX</u>)		_	mo 💻	-
				<u> </u>	
			<u>-</u>		
D. If amending the registered agent and	or registered office addr	ess in Florida, enter	the name of the		
new registered agent and/or the new	registered office address:	•			
Name of New Registered Agent	Kalph&r	<u>aha .</u>			
	225 E Danie	Bch Blud	Ste 213	<u> </u>	
_	(Florida stre	et address)			
New Registered Office Address:	Wania B	<u> </u>	, Florida	33004	
	•	(City)		(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register	i <mark>nging Registered Agent:</mark> ed agent. I am familiar w	with and accept the ob-	ligations of the p	osition.	
Knu					
· · · · · · · · · · · · · · · · · · ·	Signature of New Re	egistered Agent, if cha	nging		
Check if applicable The amendment(s) is/are being filed pur	suant 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)

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	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	Aharon Emano	600 Three Island Blvd.
Add X_ Remove		01 4 8 1	Apt 1005 Hallandale Bch. FL 3300 9
2) Change Add	<u>P</u>	Ralph Braha	Ste 213
Remove Change Add			alania Bch FFL. 33004
Remove 4) Change Add			
Remove 5) Change Add			
Remove Change Add Remove			

mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)
	_ _
	
	
	/
	
	
n amendment provides for an exch	range, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	December	14, 2024	, if other than the
date this document was signed.	\sim		
Effective date if applicable:	December	19,2024	
	(no more than 90 days a	fter amendment file date	e)
Note: If the date inserted in this block does not document's effective date on the Department of		tutory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the i action was not required.	incorporators, or board of	directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a		r of votes east for the ar	mendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amen			
by Aharon Ema	no (President	-)	
(voti	ng group)		
Dated			
	2		
Signature (BV a director, presi	dent or other officer – if o	lirectors or officers have	e not been
selected, by an inco	rporator - if in the hands		
appointed fiduciary			
	Aharon	Emano	
(Typed or printed name of	person signing)	
	President		
(Title of person signing)		