N 1700000(66)

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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

KRCHMAR CLASSIC, INC. NAME OF CORPORATION:	
N17000000661 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOSEPH KENNETT	
(Name of Contact Person)	
KRCHMAR CLASSIC INC	
(Firm/ Company)	-
710 5TH ST N	
(Address)	
ST. PETERSBURG, FLORIDA 33701	SEC
(City/ State and Zip Code)	
KRCHMARCLASSIC@GMAIL.COM	ARE T
E-mail address: (to be used for future annual report notification)	74
For further information concerning this matter, please call:	5 6 FA
JOSEPH KENNETT 8138161816	רית
(Name of Contact Person) (Area Code) (Daytime T	elephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status	

Street Address

Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

KRCHMAR CLASSIC, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N17000000661 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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 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 X Remove X Add	$\overline{\underline{V}}$ Mi	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	SAVANNAH KOSINA	710 5TH ST N ST. PETERSBURG, FL 33701
Remove			
2) Change Add			
Remove 3) Remove Add Remove			SEGRETTALL
4) Change Add			
Remove			TA 55
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional s		Articles, enter change(s) here: ry). (Be specific)	
	<u> </u>		.

			
			100 A
			- 1T - 3
			3 F
			700 3
			STATE SS
			PAR SS
The date of each amendmen date this document was signed	(s) adoption:		, if other than the
Effective date <u>if applicable</u> :	9/6/2024		
marcine date it applicable.	(no more than 90 days after amer	idment file date)	
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutor to Department of State's records.	ry filing requirements, this date will	not be listed as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s)

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	9/6/2024
Signature	
,	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOSEPH KENNETT
(Typed or printed name of person signing)	
	PRESIDENT

(Title of person signing)

SECRETARY SEE FL SECRETARY SEE FL