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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INTERNATIO	NAL REIKI COUNCIL INC. CONREIKI
DOCUMENT NUMBER: N19000001884	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
JONATHAN ASERRAF	
	(Name of Contact Person)
	(Firm/ Company)
7950 NW 53RD STREET, SUITE 337	
	(Address)
MIAMI, FLORIDA 33166	
	(City/ State and Zip Code)
JA@OFFIXSOLUTIONS.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
JONATHAN ASERRAF	305 7991576 at
(Name of Contact P	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	ee & 🗆\$43.75 Filing Fee &
Mailing Address	Street Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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KI	2016 1111.0	0 34 0 50
urrently filed with the Fl	orida Dept. of State	יל ול הא ס
		. :
Number of Corporation (if	known)	t.
Statutes, this <i>Florida Not</i> 1	For Profit Corporation adopts	the following
poration:		
		The new
rporation" or "incorporal	ed" or the abbreviation "Corp	o." or "Inc."
RESS)		
<u> </u>		
 		· · · · · · · · · · · · · · · · · · ·
d office address in Florid	a, enter the name of the	
	Florida street address)	
·	, Florida	
(City)	(Zip Code)	
tered Agent: am familiar with and accep	ot the obligations of the positio	on.
Signature of New Row	stered Agent if changing	
	Number of Corporation (if Statutes, this Florida Not I poration: PESS) d office address in Florid fice address: (City) tered Agent: am familiar with and accept	Number of Corporation (if known) Statutes, this Florida Not For Profit Corporation adopts poration: rporation" or "incorporated" or the abbreviation "Corporation" or "incorporated" or the abbreviation "Corporated address in Florida, enter the name of the fice address: (Florida street address) (Florida street address) Florida (Zip Code)

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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Silva Rosalino, MAGALIEL, DR	AV ALBERTO TORRES 1393
Add			TERESOPOLIS, RJ 25964-002 BR
X Remove			
2) Change	VP	Carlos Alberto FRANCA R, DR	AV ALBERTO TORRES 1393
X Add			TERESOPOLIS, RJ 25964-002 BR
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)	· · · · · · · · · · · · · · · · · · ·			
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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 applicable statutory filing requirements, this dateoument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	nent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/v adopted by the board of directors.	vere
Dated JUNE 25TH, 2019	
Signature GABEE DIAS	
(By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	
GABRIEL DIAS	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	