N1300001617

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	_
N23000002617	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
OSASU C ATOE	
(Name of Contact Person)	-
KAABO CLAY INC	
(Firm/ Company)	_
943 PATTERSON DR	
(Address)	_
SARASOTA FL 34234	
(City/ State and Zip Code)	_
HELLO@POTTERYBYOSA.COM	
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	<u>ن</u> ر',
OSASU CATOE (504) 261-9463	
(Name of Contact Person) (Area Code) (Daytime Telephone 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 Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate Of Status	

Mailing Address

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

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 of

KAABO CLAY INC				
(Name of Corporation as currently filed with the Flo	orida Dept. of State)			
N23000002617				
(Document	Number of Corporati	on (if known)		
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Not For Profit C	<i>forporation</i> adopts the	following
A. If amending name, enter the new name of the con	rporation:			
				_The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incor	porated" or the a	bbreviation "Corp." (or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)			
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)			
				a
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in loffice address:	Florida, enter the	e name of the	Je 0 20
Name of New Registered Agent:				
The state of the s	· · · · · ·			7
<u>New Registered Office Address</u> :		(Florida sireet	address)	÷ .
			Florida	
_	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and	d accept the oblig	ations of the position.	
	Signature of Ne	w Registered Agei	at, 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	PT John Do V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3)Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			:
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	12 additional Art	icles, enter change(s) here: (Be specific)	
ADDING:			
ARTICLE IX	·····		
UPON THE DISSOLUT	ION OF THE OR	GANIZATION, ASSETS SHALL BE DISTR	IBUTED FOR ONE OR MORE
EXEMPT PURPOSES W	ATTHIN THE ME	ANING OF SECTION 501 (C)(3) OF THE IN	TERNAL REVENUE
COUNT OF CORRESPO	SIMBO SECTIO	SOF ANY FITTIRE FEDERAL TAX CODE	OR SHALL

BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVE	ERNMENT, FOR A
PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY	A COURT OF
COMPETENT JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF T	HE ORGANIZATION
IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATIO	N OR
ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH A	ARE ORGANIZED
AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES	
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The date of each amendment(s) adoption: DECEMBER 20, 2023	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date 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(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{ 2/22/2023}{MMWC}$
(By the chairman or 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)
OSASU C ATOE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)