## N 23000005171

(Re	equestor's Name)	_
· ·	• • • • • • • • • • • • • • • • • • • •	
(Ac	idress)	
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	mills	
	Office Use Only	



800427742838

04/15/24--01027--028 \*\*35.00

2024 APR 15 AMIO: 01

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	NS CORP			
N23000005171				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following	:		
MARCO A GONZALEZ				
	(Name of Contact	Person)		
KISSIMMEE LIONS CORP				
<del></del>	(Firm/ Compa	any)		
1800 BROCKRIDGE RD				
	(Address)			
KINDRED, FL, 34744				
	(City/ State and Z	ip Code)		
m.gonzalez21309@hotmail.com				
E-mail address: (to be u	sed for future annual	report notif	ication	)
For further information concerning this matter, plea	ase call:			
Marco A Gonzalez		787		460-5438
(Name of Contact Pers	son)	(Area C	ode)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Floric	la Departme	ent of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	_	y is	Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		Street Add Amendmen		o <b>n</b>

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

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

(Name of Corporation as currently filed with the Florid	da Dept. of State)
KISSIMME LIONS CORP	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	latutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
KISSIMMEE LIONS CORP	The new
name must be distinguishable and contain the word "corpe" Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	ESS)
The special sp	
	12 P
C. Futur navy modifies address if amplicables	The state of the s
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered office	ice address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	ir ioriaa sir <del>e</del> ei aaaress)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	
	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: XChange X Remove X Add	PT John Do Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			<del>.</del>
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
1 312	-		
			, , , , , , , , , , , , , , , , , , , ,

•		
		<del></del>
-		
		<del></del>
The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

	04/09/2024
Dated	May 10, 9, 10
Signature	11/022 V / V )
	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)
'	other court appointed fiederially by that fiederially)
	Marco A Gonzalez
	(Typed or printed name of person signing)
	President

,