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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ress and Adventin	KIS, INC		
DOCUMENT NUMBER: N240000				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	-			
_ Tina Livan				
	(Name of Contact Person)	<u> </u>		
		_	,	
	(Firm/ Company)		:	
9180 Gallera Cl. E	St: 1100	£.20	13	
	(Address)	10.13	· "·	
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,	(City/ State and Zip Code)	1.15 - 1.15 - 1.15	(2)	
180 Callella Cl. E Naplis Kl 34109 Lingapani and collings	w used for future annual report notif	ication)		
For further information concerning this matter,		,		
Tira kellas (Name of Contact F		9 DS 94/1/1		
(Name of Contact F	Person) (Area C	ode) (Daytime Telephone)	Number)	
Enclosed is a check for the following amount m				
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	atus Certified Copy (Additional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address	Strant told	Mara		

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 Articles of Incorporation of

(Name of Corporation as currently filed with the	e Florida Dept. of State)		
N24000007741 Out	ras and Albert	11005 TIVI.	
	ment Number of Corporation		
	-		
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Ne</i>	ot For Profit Corporation adopts	the following
amendment(s) to its zerocles of meorporation.			
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the word	J. Propagation Propagation		The new
"Company" or "Co." may not be used in the name	i corporation or incorpo. v	ratea or the appreviation Corp	, or Inc.
the state of the s	<u>-</u>		
B. Enter new principal office address, if applica	ible:		
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
			• •
			 :
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		
		• :	()
	<u>—</u>		c
		i dia	<u> </u>
			_
D. If amending the registered agent and/or regis	stered office address in Flor	ida, enter the name of the	3 7
new registered agent and/or the new register	ed office address:		
Nama of New Registered Agent:	Ralph L Millips	II	
	9180 Collecia U		A 3410°
New Registered Office Address:		(Florida street address)	
to the state of th			
		, Florida	
	(City)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:	e,	57 tt5 tt7.1ttd.	
X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	2	Rolph L. Phyllips III	9100 Golfesia († 54:110 Noples El 34109
Remove		0 \ 1	
2) X Change Add	VP_	Min S levan	8096 Joseph Way
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			<u> </u>
Remove			me a C
E. If amending or additional sheet	ng additional A ets, if necessary)	rticles, enter change(s) here: . (Be specific)	Pin O

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The date of each amendment(s) adopti	on:	if other than the
date 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 do document's effective date on the Departn	pes not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONF)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	2		
Dated 8/15/24			
Signature Religions of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary) Religion (Typed or printed name of person signing) Agreed Religion (Title of person signing)			
		·20 PH 3:37	