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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LKS HOLDINGS	INC					
DOCUMENT NUMBER: P00000004798							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corr	espondence concerning this ma	tter to the following:					
	KRIS E SMITH						
	Name of Contact Person						
	LKS HOLDINGS INC						
	Firm/ Company						
	792 S FEDERAL HWY						
	Address						
	VERO BEACH FL 32962						
		City/ State and Zip Code	:				
	VISIONPLUS316@AOL.CO	ЭМ					
	E-mail address: (to be us	sed for future annual report	notification)				
For further informati	on concerning this matter, pleas	se call:					
KRIS E SMITH		at ( 772	473-7404				
Name of Contact Person		Area Code & Daytime Telephone Number					
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

LKS HOLDINGS INC		
(Name of Corporation as curre	ently filed with the Florida Dept. o	f State)
P0000004798		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:		ots the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>	
		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation nam	the abbreviation "Corp.," e-must-contain-the-word
B. Enter new principal office address, if applicable:	N/A	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		··
		<u> </u>
C. Enter new mailing address, if applicable:	. 🔿	
(Mailing address MAY BE A POST OFFICE BOX)	_ N/+	
		29
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D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional and/or the new registered office a		of the
Name of New Registered Agent NA		
(Floride	a street address)	
New Registered Office Address:		lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag		
New Registered Agent's Signature, it changing Registered Agent. I am famili		f the position.
	,	·

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u> P.L</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	ST	NOVAK, DAVID P	849 20TH STREET
Add			VERO BEACH, FL 32960
X Remove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

Attach additional sheets, if necessary).	
	NA
	<del></del>
.==	<u> </u>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	range, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and
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provisions for implementing the amer	ndment if not contained in the amendment itself:

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	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amend sufficient for approval.	lment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	••	
0)	(voting group)	
Dated	9/10/2020 Ka & South	
Signature	fr 2 out	
selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	KRIS E SMITH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	