Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001051743)))



H190001051743ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIM MARKS CPA Account Number : I20120000072 : (305)895-5815 Phone : (305)895-6273 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CKL INC

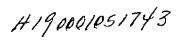
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

APR 02 2019

Corporate Filing Menu

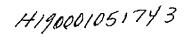
Help

Electronic Filing Menu



## Articles of Amendment to Articles of Incorporation of

CKL, INC.				
(Name of Corporation	on as currently filed with the	Florida Dept. of State)		
P03000055414				
(Досил	nent Number of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit</i> (	Corporation adopts the follo	wing amendment(	(s) to
A. If amending name, enter the new name of the co	rporation:			
CYNTHIA K LEMKE PA			The new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A profes	" or "incorporated" or the sional corporation name m	e abbreviation ust contain the	
B. Enter new principal office address, if applicable				
(Principal office address MUST BE A STREET ADD	DRESS)			
		<u></u>		7
		··	- <del></del> -	1
C. Enter new malling address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u> _			١
			<u>917.</u> 🐶	
			- E	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the		
HEW TEENERED BEGINS AND THE THEM ACCIONED IN	VILLE RUGI C33.			
Name of New Registered Agent				
			<del></del>	
	(Florida street address)			
New Registered Office Address:	/m. )	, Florida		
	(City)	(4	Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position	ы.	
Signi	ature of New Registered Agent	, if changing	_ <del>_</del>	



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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	Ā	Mike Jo	nes	
_X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1)Change		_		<del></del>
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  ARTICLE III - PURPOSE OF BUSINESS
REAL ESTATE SALES AND ACTIVITY
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s): date this document was signed.	doption:, if other than the
_	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	clock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval,
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	
-	(voting group)
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.  Dated 3	a // 9
Signature U	nthá tembe
select	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	CYNTHIA LEMKE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)