P03000102297

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: KARJU INC		
DOCUMENT NUM	BER: P03000102297		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	INGRIS I GOMEZ		
		Name of Contact Person	1
	KARJU INC		
		Firm/ Company	
	890 LEEWARD DRIVE	, ,	
		Address	
	DELTONA, fL 32738		
		City/ State and Zip Cod	e
	lselgms1675@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Ingris I Gomez		407	923 2798
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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		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

(of P
ARJU INC	FILED
(Name of Corporation as curren	ntly filed with the Florid Moent, of State)
O3000102297	Se July 13 PH his in
(Document Number	of Corporation (if known) ALL ARY OF
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the fill of the famendment
. If amending name, enter the new name of the corporation:	
tme must be distinguishable and contain the word "corporation,"	"company," or "incorporated" or the abbreviation "Corp.,"
Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered." "professional association," or the abbreviation "P.A	
Enter new principal office address, if applicable:	890 LEEWARD DRIVE
Principal office address MUST BE A STREET ADDRESS)	DELTONA, FL32738

. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	890 LEEWARD DRIVE
	DELTONA, fl. 32738
 If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses 	Idress in Florida, enter the name of the
INGRIS i GOMEZ	
Name of New Registered Agent 890 LEEWARD DRIVE	:
<u>-</u>	street address)
(Florida)	
New Registered Office Address: DELTONA,	. Florida

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	PATRICK CASSIDY	1559 LAMBROOK DRIVE
Add			DELAND, FL 32724
X Remove			
2) Change	P	DICKSON OMAR GOMEZ	890 LEEWARD DRIVE
X Add			DELTONA, FL 32738
Remove 3) Change	S	INGRIS I GOMEZ	
X Add			890 LEEWARD DRIVE
Remove			DELTONA, FL 32738
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: AVE BOUGHT 100 PERCENT OF THE SHARES OF KARJU INC FROM THE
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provisions for implementing the amer (if not applicable, indicate N/A) W OFFICERS OF THE COMPANY HA	adment if not contained in the amendment itself:
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AUGUST 5, 2024
The date of each amendment(s) adoption:, if other than
date this document was signed.
AUGUST 5, 2024 Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
bv ·
(voting group)
AUGUST 5, 2024 Dated
Signature X A June
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
DICKSON OMAR GOMEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

the

the

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