PO40000 63229

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(,	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		

Office Use Only



100350932681

08/25/20--01830--005 **35.00

2020 AUG 25 PM 1:53
SECRETARY OF STATE

Inched

DL VORISEK OCT 10 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KONN COMI	Mercial Real Estate Inc.	
DOCUMENT NUMBER: <u>P040000632</u>		
The enclosed Articles of Amendment and fee are subm		
Please return all correspondence concerning this matte		
Joshua K	Name of Contact Person	
Yohn Commerce	Stal Ceal F.S. Ed. V.C.	
3580 Paimett	, ,	
Miami, FL 33	133	
,	City/ State and Zip Code	
ISMA Willing Commander of the Used	On future annual report notification)	
For further information concerning this matter, please	call:	
Joshua Kohn	at (305) 794·6704	
Name of Contact Person Enclosed is a check for the following amount made pa	Area Code & Daytime Telephone Number	
	· 	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \$\Bigcup \Bigcup \\$43.75 Filing Fee \$\Bigcup \Bigcup \Bigcu	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation

of

P04000063229	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	S: 20
	TC PO A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HARY HAR
(Mailing address MAT BE A POST OFFICE BOX)	SO P
	m _s
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	

 \Box 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>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	tray kohn	1965 GW 86 Street-Apt. 12 11991111, FL 33143
X Add		,	Migini, FL 33143
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
ை Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		_
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_

The date of each amendment(s) adoption:	
date this document was signed.	
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 document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CH	CCK ONE)
The amendment(s) was/were adopted by the action was not required.	acorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	hareholders. The number of votes east for the amendment(s) oproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	Iment(s) was/were sufficient for approval
by	ng group)
(voi	ng group)
Dated CO 17 2020 Signature	
	lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Jach	yped or printed name of person signing)
۲.	Title of person signing)
	tue of person signing)