P05000108170

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Sect Division of Corp			
NAME OF CORPOR	RATION: KLANG INC	<u> </u>	
DOCUMENT NUMI	BER: P0500010817	0	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Susana Calas		
		Name of Contact Persor	1
	KLANG INC		
		Firm/ Company	
	1800 N Bayshore	Dr Unit 3606	
		Address	
	Miami/ FL 33132		
		City/ State and Zip Code	e
2119	sanacalas@bellso	uth net	
		ed for future annual report	notification)
	,	•	,
For further information	n concerning this matter, pleas	e call:	
Susana Cala	IS	at (305	, 7316705
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



	of	
KLANG INC		
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P05000108170		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen	
A. If amending name, enter the new name of the corporation:		
n/a	* The new	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1800 N Bayshore Dr	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit 3606	
	Miami, FL 33132	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1800 N Bayshore Dr	
	Unit 3606	
	Miami, FL 33132	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent n/a		
	ore Dr Unit 3606	
(Florida s	street address)	
New Registered Office Address: Miami	, Florida 33132	
(Cit	v) (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.

Signature of New Registered Agent, if changing

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 <math>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 Doe	
_			
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	n/a	n/a	n/a
Add Remove			
Remove			
2) Change	n/a	n/a	n/a
AddRemove			
	_		
3) Change Add	n/a	n/a	n/a
Remove			
			,
4) Change Add	n/a	n/a	n/a
Remove			
5) Change Add	n/a	n/a	n/a
Add Remove			
6) Change	n/a	n/a	n/a
Add Remove			
Kemove			·

(attach additional sheets, if necessary).	
1	(Be specific)
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The date of each amendment(s)	adoption: (0 14 50 2
n	/a
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for 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
_{ьу} <u>n/a</u>	,"
<u> </u>	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 6/14/	2012 Desamalafaf
selec	director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court justed fiduciary by that fiduciary)
•	Susana Calas
	(Typed or printed name of person signing)
	President
	(Title of person signing)