POEDOODUUALU

(Re	equestor's Name)
(Ad	dress)
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: KAYAKS BY BO	INC			
	1BER: P08000044924		·		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	THOMAS A. ALTIF				
		Name of Contact Person	1		
		Firm/ Company			
	1136 FULTON CIRCLE				
	Address TITUSVILLE, FLORIDA 32780				
		City/ State and Zip Cod	e		
	KAYAKSBYBO@GMAIL.C	ЮМ			
	E-mail address: (to be us	ed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
THOMAS A. ALTI		at (321	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	☐\$43.75 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 Tallahassec, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KAYAKS BY BO INC

(Name of Corporation as curren	tly filed with the Florida Dept	t. of State)
P08000044924		
(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 ac	lopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		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	A professional corporation n	
B. Enter new principal office address, if applicable:	1127 W. KING ST	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	COCOA, FL 32922	
C. T. A		· :
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>.</u> ??
		8
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		ne of the
(Florida s	treet address)	
New Registered Office Address:		. Florida
New Registered Office Address.	(City)	/Zip Code)
Sew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian		s of 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)) (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)

Example:

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 De	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PRES	_	THOMAS A. ALTIF	1136 FULTON CIRCLE
X Add	-			TITUSVILLE, FL 32780
Remove				
2) X Change	PRES	_	JASON GATSBY ALTIF	3405 S. WASHINGTON AVE
Add				TITUSVILLE, FL 32780
X 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)
RETURN OF SHARES TO ORIGINAL OWNERS THOMAS A. ALTIF AND LINDA SUE ALTIF
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)
RETURN OF ORIGNAL ISSUED SHARES TO THOMAS A. ALTIF AND LINDA SUE ALTIF

٠.

	NOVEMBER 1, 2024	
The date of each amendments date this document was signed.	s) adoption:	, if other than the
	NOVEMBER 1, 2024	
	(no more than 90 days after amer	ndment file date)
	nis block does not meet the applicable statutory file Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors	without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes re sufficient for approval.	cast for the amendment(s)
must be separately provided	approved by the shareholders through voting ground for each voting group entitled to vote separately of	n the amendment(s):
	cast for the amendment(s) was/were sufficient for a	pproval
by	AND LINDA ALTIF	"
	(voting group)	
Dated	MBER 1, 2024	
sel	a director, president or other officer – if directors of ected, by an incorporator – if in the hands of a recession of fiduciary by that fiduciary)	or officers have not been iver, trustee, or other court
	THOMAS A. ALTIF	
	(Typed or printed name of person s	igning)
	PRESIDENT	
	(Title of person signing)	