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SUCRUTARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A E NI	KKI Corporation				
DOCUMENT NUMBER: POSOO 11					
The enclosed Articles of Amendment and fee are submitted	ed for filing.				
Please return all correspondence concerning this matter to	the following:				
	me of Contact Person				
Firm/ Company					
2160 €	L Jo Bean RD. Address				
bout c	narlotte Fl 33948  y/ State and Zip Code				
Joungdarreil & msn. com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Mary young Name of Contact Person	at (941) 585-9789 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Certificate of Status (	43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is nclosed) S52.50 Filing Fee 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 Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

AE NIKKI C	OFPORATION FILED
(Name of Corpora	tion as currently filed with the Florida Dept. of State)
<u> </u>	435 2010 AUG 15 P 3; 65
	iment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	SECRETARY (IF STATE da Statutes, this Florida Profit Corporation நடிவை இது நடிக்கு இருந்து விறும் பிறு இருந்து விறும் பிறு இருந்து விறும் பிறும் பிற்கள் பிறும் பிறும் பிறும் பிறும் பிறும் பிறும் பிறும் பிறும் பி
A. If amending name, enter the new name of the	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e-abbreviation "P.A."
B. Enter new principal office address, if applicab	
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS )
	<del>-</del>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u></u>
D. If amending the registered agent and/or regist- new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
<u>-</u> -	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:
	1 am familiar with and accept the obligations of the position.
- Cin	nature of New Registered Agent, if changing
ıng	name sy tren regimence rigera, y enunging

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 Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change		44.4	
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
δ) Change			<del> </del>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE IX
Upon Death DIVORCE OR MENTAL INCOMPETENCE
OF ANY A E Nikki Corporation Shareholders
Their Shares will be Redistributed to
the Remaining Shareholders at the same
Percentage proportions prior to their
Separation of the Corporation.
(voted and aggreed at March 1, 2013
Meeting)
<del></del>
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)
<del></del>
<del></del>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
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 wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (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)	<del>_</del>
(Typed or printed name of person signing)	
TREASUM (Title of person signing)	