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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Lokonokodoko, In	10.		
DOCUMENT NUMBER: P09000063195			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Garth Weiss			
	Name of Contact Person	1	
Plato's Closet			
	Firm/ Company		
3225 Raeford Road			
	Address	.	
Orlando, FL 32806			
	City/ State and Zip Cod	e	
gosto44@gmail.com			
	ised for future annual report	notification)	
·	·		
For further information concerning this matter, plea	ise call:		
Garth Weiss	at (<u>321</u>	287-1882	
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 □S43.75 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)	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, Fl. 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Lokonokodoko, Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P09000063195	
(Document Number of)	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZOIS NOV
	NASSEE. M
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address: 0	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.
Signature of New Re	gistered 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 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

PT John Doe

X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Hiromi Watanabe-Weiss	3225 Racford Road
X Add			Orlando, FL 32806
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Articles, enter change(s) here: il sheets, if necessary). (Be specific)	
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		. Deather of the delegand
an amendmer	nt provides for an exchange, reclassification, or cand implementing the amendment if not contained in the	e amendment itself:
(if not appl	licable, indicate N/A)	THE INCHEST OF THE PROPERTY OF
(9		

	11/14/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	4/2019	
Effective date if applicable:	(no more than 90 days after amendment file date,)
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirement operatment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amount of the approval.	endment(s)
	proved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and s	harcholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharel	nolder
11/14/201)	
Dated(-)7 ++ , 1	
Signature	/ath Weiss	
	lirector, president or other officer – if directors or officers have	not been
	ed, by an incorporator – it in the hands of a receiver, trustee, or o	other court
appoir	nted fiduciary by that fiduciary)	
	Garth Weiss	
	(Typed or printed name of person signing)	
	President	
	(Title of nerson signing)	