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SECRETARY OF STATE

5051

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $MKMK$	Corporation of Horida
DOCUMENT NUMBER: P090007	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
_ Marcia	Spairane Coetho Name of Contact Person
MKMK C	prporation of Florida Firm Company
<u>284 S.S</u>	Federal Highway Address
Deerfield	City/ State and Zip Code FL 33441
E-mall address: (to be use	OHOTMAIL. OM d for future annual report notification)
For further information concerning this matter, please	cali:
Marcia S. Coellic Name of Contact Person	at (941) 735-6510 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

	of			
MK~K	corporation of fi	105109		
	as currently filed with the Florida [<u> </u>		
(<u></u>		/		
(Docume)	nt Number of Corporation (if known)			
(170cume)	it is a real polation (if known)			
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporatio	n adopts the fo	llowing amen	dment(s) to
A. If amending name, enter the new name of the corp	ooration:			
			The	new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," c"chartered," "professional association," or the abbrevia	or "Co". A professional corporation			
B. Enter new principal office address, if applicable:				_ 🐫
(Principal office address MUST BE A STREET ADDR	ESS)			
				_ _
				
C. Enter new mailing address, if applicable:			22 AHA	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		တ္တတ္တ	
			S	
			ြက် ယ	<u>-</u>
D. If amending the registered agent and/or registered	d office address in Florida, enter the	name of the		
new registered agent and/or the new registered of				
Name of New Registered Agent				
isame of their registeress rigent				
	(Florida street address)			
	, which the carry			
New Registered Office Address:	(City)	Florida	(Zip Code)	_
	Conjy		(mp cont)	

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

Check if applicable

☐ 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)

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones .	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Milena Knauss	284 S. Federal Hwy.
Add			Dertield Beach
Remove			<u>TL, 33441</u>
2) Change	7	Marcia S. Coelho	284 S. Federal HW
X Add			Deer field Beach
Remove 3) Change			FL, 33441
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attac	ending or adding additional Articles, of hadditional sheets, if necessary). (Be	specific)		
		·-		
	<u> </u>			
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				<u>.</u>
		1	•	
<u>f an</u>	amendment provides for an exchange, isions for implementing the amendme	reclassification, or can	cellation of issued sha	ares,
prov	isions for implementing the gineridine (if not applicable, indicate N/A)	it ii not comameu iii ii	ie amenument useu.	
	A 1 / A			
	10 / /1			
_				
				
				· <u>-</u>
				-

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this t document's effective date on the D	lock does not meet the applicable statutory filing requestratment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors withou	t shareholder action and shareholder
The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes cast for officient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
, ,	(voting group)	
Dated7	118/2021	
Signature		
selecte	irector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trueded fiduciary by that fiduciary)	stee, or other court
	Marcia S. Coelho Sa (Typed or printed name of person stigning)	who
U	Precidont	
	(Title of person signing)	