

PI 00000030464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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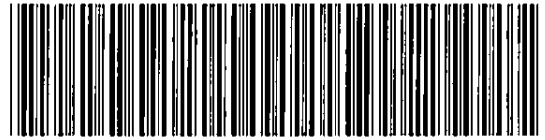
(Business Entity Name)

(Document Number)

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2024 MAR 18 PM 3:33

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: KICKUTH & BORRERO CONSULTING FIRM INC  
DOCUMENT NUMBER: P10000030464

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN A BORRERO  
Name of Contact Person  
JNV MARKETING CONSULTANTS  
Firm/ Company  
15 NW 36 CT  
Address  
MIA FL. 33125  
City/ State and Zip Code  
JBORRERO807@gmail.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN A BORRERO at ( 787 ) 565-9181  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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  
to  
Articles of Incorporation  
of

KICKUTH & BORRERO CONSULTANT FIRM INC. FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000030464

(Document Number of Corporation (if known))

APR 18 PM 3:33

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

15 NW 36 CT  
MIA FL. 33125

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

15 NW 36 CT  
MIA FL 33125

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, 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 and accept the obligations of the position.

N/A

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)

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change      STD      ANDREA KICKUTH      7085 NW 116 CT  
☐ Add      \_\_\_\_\_      \_\_\_\_\_      DORAL FL. 33178

☒ Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
2) ☐ Change      STD      ANABEL ROSADO      15 NW 36 CT  
☒ Add      \_\_\_\_\_      \_\_\_\_\_      MIA FL. 33125

☐ 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)

N/A

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)

N/A

The date of each amendment(s) adoption: MARCH 9, 2024, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

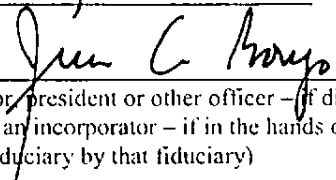
- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ 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)

Dated MARCH 9, 2024

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)

JUAN A BORNEGO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000030464

**Entity Name:** KICKUTH & BORREGO CONSULTANT FIRM INC.

**Current Principal Place of Business:**

7085 NW 116TH CT  
DORAL, FL 33178

**Current Mailing Address:**

7085 NW 116TH CT  
DORAL, FL 33178 US

**FEI Number:** 27-2312348

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BORREGO, JUAN  
7085 NW 116TH CT  
DORAL, FL 33178 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JUAN BORREGO

03/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	STD
Name	BORREGO, JUAN	Name	KICKUTH, ANDREA
Address	7085 NW 116TH CT	Address	7085 NW 116 CT
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN BORREGO

PD

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date