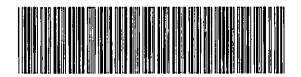
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Certified Copies	_ Certificates	s of Status
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R. NVH. TEL SEP 21 2021



		COVER LETTER			
TO: Amendment Sec Division of Corp			•		
NAME OF CORPO	RATION: LOKI MANAGEM	IENT SERVICES, INC.			
	BER: P10000087429				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	ALAN M. STEIN				
	-	Name of Contact Person			
	ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC.				
		Firm/ Company			
	3930 STATE ROAD 64 EAST				
		Address			
	BRADENTON, FL 34208				
	_	City/ State and Zip Code			
	STEINACCOUNTING@YA	ноо.сом			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	e call:			
ALAN M. STEIN		941 at (749-5364 le & Daytime Telephone Number		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	rtment of State:		
\$35 Filing Fee	□\$43.75 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 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

to

LOKI MANAGEMENT SERVICES, INC.

(Name of Corporation as curren	ntly filed with the Florida	Dept. of State)
P10000087429		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporati	ion adopts the following amendment(s
A. If amending name, enter the new name of the corporation:		
KAREN ROSE BOOKS SHOPPING, INC.		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 corporati	ited" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	no change	Imains !
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	8374 Ma	rket Stroot #115 FL 34202
	Bradenton	FL 34202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		e name of the
·	· · · · · · · · · · · · · · · · · · ·	
(Florida s	street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		ations of the position.
Signature of New	Registered Agent, if chang	ing
•	5 5 5 6	Ŭ
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)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1)Change		_		
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change				
Add				•
Remove				***
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Pemove				

Attach additional sheets if	ditional Articles, enter (Înecessary). (Be specif	cnange(s) nere:		
(retach additional sheets, y	necessary). (Be specy	,		
				
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If an amendment provides provisions for implement	s for an exchange, recla	ssification, or cancell	ation of issued shares,	
(if not applicable, indi	icate N/A)	tor contained in the a	inciament issem	
•	· · · · · ·	······································	<u></u>	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
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	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following states of each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other	
арро	inted fiduciary by that fiduciary)	
	KAREN R. HAFER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	