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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	f)
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

×	NAME OF CORPORATION: KIKKAPLUM, INC.
	DOCUMENT NUMBER: 0000 89959
	The enclosed Articles of Amendment and fee are submitted for filing.
X	Please return all correspondence concerning this matter to the following:
	VICTORIA LANDIS Name of Contact Person
	KIKKA PLWI INC Firm/ Company
	18262 104TH TERRACE S. Address BOCA RATON, FL, 33498 City/ State and Zip Code
	Address
	BOCA RATON, FL, 33498
	City/ State and Zip Code
	Victoria @ landisdes is nresource. com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
×	VICTORIA LANDIS at (SGI) 716-3481 Name of Contact Person Area Code & Daytime Telephone Number
•	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:
,	\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) \$43.75 Filing Fee & \$\$52.50 Filing Fee Certificate of Status (Additional Copy (Additional Copy
	is enclosed)
	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to
Articles of Incorporation

of

FILED

KIKKAPLUM, INC	2012 FEB -3 PM 4: 40
<u> </u>	8 9 9 STATE SECRETARY OF STATE
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	_
LANDIS DESIGN	DESOURCE INC The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	" "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	₩ N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ddress in Florida, enter the name of the ess:
Name of New Registered Agent NA	
(Florida	street address)
New Registered Office Address:	, Florida
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	
Signature of New Registered	d 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 <math>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: XChange	<u>PT</u>	John Do	<u>e</u>				
X Remove	<u>V</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sm	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s	
1) Change Add Remove					···		
2) Change Add Remove		-					
Change Add Remove	 		 	.,.			
4) Change Add Remove	<u></u>	<u>.</u>					
5) Change Add Remove		_					
6) Change Add Remove							

	onal sheets, if necessary					
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				_		
an amendr	nent provides for an ex	change, reclassi	ification, or can	ellation of issue	d shares,	
rovisions f	or implementing the au oplicable, indicate N/A)	<u>nendment if not</u>	contained in the	e amendment its	<u>:elf:</u>	
(ij noi a _l	рисавів, таксив ічіл)			•		
			 			
						
						
<u>.</u>						

The date of each amendment(s) adoption: 1/31/20[2
Effective date if applicable: 1/31/2017
(no nore than 90 days after amendment file date)
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 1/31/2012
Signature Kinch
(By a director, president of 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)
VICTORIA LANDIS
(Typed or printed name of person signing)
INCORPORATOR
(Title of person signing)