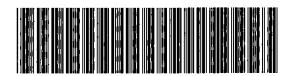
## P11000103043

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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ZOIL DEC 30 AM 8: 23
SECRETARY OF STATE
ASSESSED FOR DATE

Amend

1Brawn 1-6-12

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: THE K3 PROJEKT CORP P11000103043 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEANE P MADRAGALL Name of Contact Person THE K3 PROJEKT CORP Firm/ Company 16637 SW 117
Address Aui, FL 33176 City/ State and Zip Code THEK3PROJEKT@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 786 ) 873 2597

Area Code & Daytime Telephone Number JEANE P MADRAGALL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

## THE K3 PROJEKT CORP

•				
•	Articles of Amendment		#	SILED 30 AM 8:23 YOF STATE E. FLORION
	to Articles of Incorporation		201100	LED
	of		SEC	30 .
THE K3 PROJEKT CORP		804.4.)	ALLAHAR	N 8: 20 2
(Name of Corporation as currei P11000103043	ntly filed with the Florida Dept. o	oi State)	MSSE	E. E. STATE
	ber of Corporation (if known)			ORIDA
·	•			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this <i>Florida Profit</i>	<i>Corporation</i> ado	pts the following	g amendment(s) to
. If amending name, enter the new name of	the corporation:			
name must be distinguishable and contain the				
Corp.," "Inc.," or Co.," or the designation " cord "chartered," "professional association," o		ssional corporati	on name must c	contain the
B. Enter new principal office address, if appli	icable;			
Principal office address <u>MUST BE A STREET</u>				
			·	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E DOV			
(Matting address MAT BE A POST OFFIC	<u></u>			
		<del> </del>		
o. If amending the registered agent and/or re	gistered office address in Florida	, enter the name	of the	
new registered agent and/or the new regist	tered office address:			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	g Registered Agent:			
hereby accept the appointment as registered ag	ent. I am familiar with and accep	ot the obligations (	of the position.	

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	<u>PT Jo</u>	hn <u>Doe</u>	
X Remove	<u>V</u> <u>M</u> :	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add X Remove	Р	KARL HUECK	10300 SUNSET DRIVE SUITE 284 MIAMI, FL 33173
2) Change Add Remove	<u>P</u>	JEANE P MADRAGALL	16637 SW /17406 MIAMI, FL 33176
3 ) Change Add Remove	•		
4) Change Add Remove			
Change Add Remove			
6) Change Add Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch rovisions for implementing the ame	nange, reclassific	ation, or canc	ellation of issue amendment its	ed shares, self:
(if not applicable, indicate N/A)		•		
			- <del></del>	
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption: 12/28/2011
Effective date if applicable: 1	2/28/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided for	opproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were accepted action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	
Signature	director, president or other officer if director or officers have not been
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Jeans P. Madragall
	(Typed or printed name of person signing)
	LRes.
	(Title of person signing)