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SECRETARY OF STATE AHASSEE FLORIDS

C. GOLDEN

JUL 2 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORA	ATION:	(ISS RENOVATIONS, I	NC
		P12000047532	
DOCUMENT NUMBI	CK:	<u> </u>	
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
		ZOLTAN KISS	
_		Name of Contact Perso	n
	K	ISS RENOVATIONS, IN	IC.
_		Firm/ Company	
		5503 WINHAWK WAY	
_		Address	
		LUTZ, FL 33558	
_		City/ State and Zip Cod	le
JBDE:	SK@SUNSETACCOUNTI	NG.NET	
	E-mail address: (to be us	sed for future annual report	t notification)
For further information	concerning this matter, pleas	se call:	
ZC	OLTAN KISS	at (458-2727
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)
<u>Mail</u>	<u>Mailing Address</u>		t Address
	Amendment Section		idment Section ion of Corporations
Division of Corporations P.O. Box 6327			on Building
Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 JUL 19 AH 17. 00

KISS RENOVATIONS, INC.

SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) ALL AHASSEE, FLORIDA P12000047532 (Document Number of Corporation (if known) 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: SAME 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." SAME B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: SAME (Mailing address MAY BE A POST OFFICE BOX) 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: SAME Name of New Registered Agent (Florida street address) , Florida_ New Registered Office Address: _ 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

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: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Nan</u>	<u>ne</u>	<u>Addres</u> s
1) Change	VP		PAULA SANKEY-KISS	5503 WINHAWK WAY
Add				LUTZ, FL 33558
X Remove				
2) ("	VP		NORBERT ATTILA KISS	5503 WINHAWK WAY
2) Change X Add				LUTZ, FL 33558
Add Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	_	_		
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessary). (Be specific)	
	N/A
	-
an amendment provides for an exchange, reclass	sification, or cancellation of issued shares,
provisions for implementing the amendment if not	t contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A

The date of each amendment(s) ad date this document was signed.	loption:, if other than the
Effective date <u>if applicable</u> :	
effective date it applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as th partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	7-6-18
Signature	Mulm
(By a d	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	ZOLTAN KISS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)