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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	<i>⇒</i> #)
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Krustallos	s Inc.	
DOCUMENT NUMBER: P12000099	217	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Luz C. Herdem	nan	
Krustallos Inc.	Name of Contact Person	1
104 Candlewic	Firm/ Company k Rd	\
Altamonte Spri	Address ngs, FL 3271 City/ State and Zip Cod	
E-mail address: (to be us	gmail.com ed for future annual report	
Luz C. Herdeman		432-2533
Name of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
□ \$35 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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

The last 14 JUL 28 AN 10: 56

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

nent(s) to

P12000099217		
(Document Number of Corporation		
Pursuant to the provisions of section 607.1006, Florida Statutes, the statutes of Incorporation:	is Florida Profit Corporation adopts the following amend	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and cortain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	995 N. Hwy 434	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 304	
	Altamonte Springs, FL 32714	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	104 Candlewick Rd.	
	Altamonte Sprigns,	
	Florida, 32714	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:	y) (Zip Code)	
Сiц	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.	
Signature of New Registered	l 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Chris R. Ghosio	104 Candlewick Rd.
Add			Altamonte Springs,
Remove			Florida, 32714
2) Change			
Add			
Remove			,
3) Change			
Add			
🗆			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
1.00	
. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) Reissuing/distribution of Issued s	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: shares as follows:
uz C. Herdeman (president) 500	0 shares issued
Chris R. Ghosio (Treasurer) 250 s	shares issued
Natalie C. Phansanachith (Vice p	resident) 50 Shares Issued

The date of each amendment(s) adoption: 17 1720 14 date this document was signed.	, if other than the
Effective date if applicable: 7/1/2014	
(no more 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 east 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 7/25/204	
Signature_RCHeidemon	
(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)	
Luz C. Herdeman	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	