P13000079837

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TKSA Inc		
DOCUMENT NUMB	ER: P13000079837		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Lester Kamberger		
•		Name of Contact Person	
		Firm/ Company	
	10990 NW 92nd Terrace		
-	Medley, FL 33178	Address	
-		City/ State and Zip Code	
	lkamberger@tksainc.com	·	
-		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Lester Kamberger		at (898-0349
Name o	f Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amenda Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

TKSA Inc			
(Name of Corporation as curre	ntly filed with the Florid	ia Dept. of State)	
P13000079837			
(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corpor	ation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A			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 professional corpora	orated" or the abbreviation	"Corp.,"
D. Enter now principal office address if applicable.	N/A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			2 02
		·-/	_ ~
			0y — —
C. Enter new mailing address, if applicable:	N/A		~ [
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>	<u>></u>
		<u> </u>	
			&— ⊗—
			— <u>B</u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		the name of the	
Lester Kamberger	ess.		
Name of New Registered Agent			
	street address)		
New Registered Office Address: N/A		, Florida	
	(City)	(Zip Ce	ode)
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obj	ligations of the position.	
1t- 1			
Signature of New	Registered Agent, if cha	nging	
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.

Example:	DT		
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VPD	Castro, Michael	10990 NW 92nd Terrace
Add			Medley, FL 33178
x Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	nending or adding additional Articles, enter change(s) here: the additional sheets, if necessary). (Be specific)	
/A		
-		
		<u> </u>
IC A	amendment provides for an exchange, reclassification, or cancellation of issued sha	
pro	visions for implementing the amendment if not contained in the amendment itself:	11 63,
	(if not applicable, indicate N/A)	
A		
_		

	N/A
The date of each amendment(
date this document was signed.	
	N/A
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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
Shareholders by	•
o,	(voting group)
11/18/2 Dated	021
Signature	let Me
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Lester Kamberger
	(Typed or printed name of person signing)
	PSTD
	(Title of person signing)

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