P13000082344

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SECTIONAL OF STATE

C. GOLDEN SEP 2.1 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SKIF, KPMC Inc.	 -			
DOCUMENT NUM	BER: P13000082264				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Alex Renaldo				
	Name of Contact Person				
	SKIF, KPMC Inc				
		Firm/ Company			
	11528 W State Road 84 S	te 551276			
	Address				
	Davie, FL 33355				
		City/ State and Zip Code	2		
alex	eyrenaldo@gmail.com				
		sed for future annual report	notification)		
		•			
For further information	on concerning this matter, pleas	se call:			
Alex Renaldo		305	775-0163		
	of Contact Person	at ()		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:		
S35 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee. FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

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SKIF, KPMC Inc. (Name of Corporation as currently filed with the Florida Dept. of State LARY OF STATE TALL AHASSEE, FL P13000082264 (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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zin Code) 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: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	\checkmark	Bella Eydelman	1835 E. Hallandale Bch Blvd #6 5 9		
Add x Remove			Hallandale Bch FL 33009		
2) Change Add					
Remove 3) Change Add					
Remove 4) Change Add					
Remove					
5) Change Add Remove					
6) Change Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
	
<u></u>	

The date of each amendment(s) add date this document was signed.	ption:	if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 90 aays aper amenament jue aate)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment icient for approval.	(s)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	9/18/18	
Signature		
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	
_	Tuasuses	
_	(Title of person signing)	