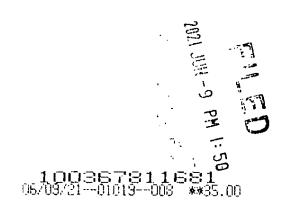
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(Re	equestor's Name)
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PICK-UP	WAIT MAIL
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Special Instructions to	Filing Officer:





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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SKIF, KPMC INC DOCUMENT NUMBER: P13000082264 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nathan Rozenfeld Name of Contact Person SKIF, KPMC INC Firm/ Company 11528 W STATE ROAD 84, STE 0176 Address **DAVIE, FL 33355** City/ State and Zip Code info.skifkpmc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 809-3560

Area Code & Daytime Telephone Number Nathan Rozenfeld Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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

		Amendment	
	te Articles of In		
		f	
SKIF, KPMC INC			
(Name	of Corporation as curren	tly filed with the Florida Dept. of S	State)
P13000082264			
	(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts	the following amendmen
a. If amending name, enter the new n	ame of the corporation:		
			The new
ame must be distinguishable and contain Inc., " or Co.," or the designation "Coantered," "professional association,	Corp," "Inc," or "Co".	A professional corporation name	e abbreviation "Corp" must contain the word
Cater new principal office address	if applicable:	20100 W. COUNTRY CLUB I	DR. 1009
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
	STREET ADDRESS)	AVENTURA, FL 33180	
Principal office address MUST BE A S Enter new mailing address, if app	licable:	AVENTURA, FL 33180 11528 W STATE ROAD 84. S	TE 0176
Principal office address <u>MUST BE A S</u>	licable:		TE 0176
Principal office address MUST BE A S Enter new mailing address, if app	licable: OFFICE BOX) nd/or registered office ad	DAVIE, FL 33355	
Principal office address MUST BE A S Enter new mailing address, if app (Mailing address MAY BE A POST) If amending the registered agent a new registered agent and/or the new	nd/or registered office address	DAVIE, FL 33355	
Principal office address MUST BE A S Enter new mailing address, if app (Mailing address MAY BE A POST) 1. If amending the registered agent a	nd/or registered office address	DAVIE, FL 33355 dress in Florida, enter the name of ss:	
Principal office address MUST BE A S Enter new mailing address, if app (Mailing address MAY BE A POST) If amending the registered agent a new registered agent and/or the new	nd/or registered office address Nathan Rozenfeld 11528 W STATE ROAL	DAVIE, FL 33355 dress in Florida, enter the name of ss:	
Principal office address MUST BE A S Enter new mailing address, if app (Mailing address MAY BE A POST) If amending the registered agent a new registered agent and/or the new	nd/or registered office advew registered office address Nathan Rozenfeld 11528 W STATE ROAL (Florida s	DAVIE, FL 33355 dress in Florida, enter the name of ss: D 84, STE 0176	7 the

 $[\]Box$ 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)

Example:

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.

X 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>Name</u>	<u>Addres</u> s
1) Change	VP	BELLA EYDELMAN	1835 EAST HALLANDALE BEAG
Add X			HALLANDALE BEACH, FL. 330
Remove 2) Change	VP	ANDREY KORISHEV	8 TRANSPORT STREET SUITE 7
X Add			ODESSA, PRIMORSKYI RAION
Remove 3) Change	D	NATIIAN ROZENFELD	1535 SW 112 AVE
X Add			DAVIE, FL 33325
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

strach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
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an amendment provides for an exch	ange, reclassification.	or cancellation c	f issued shares,	
		ad in the amenda	<u>tent itself:</u>	
rovisions for implementing the ame	ndment if not contain	ed in the amendi		
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	eo in the amendi		
rovisions for implementing the ame	ndment if not contain	ed in the amendi		
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the date of eac late this docum	ent was sign	ned. if other than
Effective date j	if applicabl	e:
•		(no more than 90 days after amendment file date)
Note: If the da	ite inserted ective date o	in this block does not meet the applicable statutory filing requirements, this date will not be listed as an the Department of State's records.
Adoption of Ar	nendment(s) (<u>CHECK ONE</u>)
The amendm action was no	nent(s) was/ot required.	were adopted by the incorporators, or board of directors without shareholder action and shareholder
		were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
		were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The n	umber of vo	otes cast for the amendment(s) was/were sufficient for approval
by		,
		(voting group)
	Dated	5/26/2021
	Signature	
		(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)
		Nathan Rozefneld
		(Typed or printed name of person signing)
		Registered Agent

(Title of person signing)