P14000053252

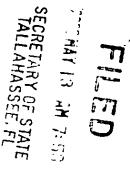
(Requestor's Name)			
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ess Entity Nar	me)	
(Docu	ment Number)	-	
Certified Copies	Certificates	s of Status	
Special Instructions to Fili	ng Officer:		
	Q. SILA	S	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COUPORAT	ION:	EKIP, INC.		
	OF CORPORATION:P14000053282			
The enclosed Articles of A	mendment and fee are sub	mitted for filing.		
Please return all correspon	dence concerning this matt	er to the following:		
		JIM EKINCI		
		Name of Contact Person	-	
	EKIP. INC.			
	Firm/ Company			
	2801 N 76TH STREET			
	Address			
		TAMPA, FL 33619		
_		City/ State and Zip Code		
	OFFICE	@SUNSETACCOUNTIN	G.NET	
	E-mail address: (to be use	ed for future annual report	notification)	
	oncerning this matter, pleas		386-8291	
Name of Contact Person		at (Area Coo	386-8291 le & Daytime Telephone Number	
	te following amount made p			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

EKIP, INC.

2000 MAY 13 AM 7:53

(Name of Corporation as currently	filed with the	Florida Beot of State)
P140000	53282	TALLAHASSEE, FL
(Document Number of	Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit (Corporation 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," "co" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or " professional	incorporated" or the abbreviation "Corp.," corporation name must contain the word
		2801 N 76TH STREET
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		TAMPA, FL 33619
C. Enter new mailing address, if applicable:		2801 N 76TH STREET
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL 33619
,		
D. If amending the registered agent and/or registered office addr	ess in Florida	enter the name of the
new registered agent and/or the new registered office address	133 111 1 101 144	<u> </u>
Name of New Registered Agent	N/A	
		_
(Florida str	eet address)	
New Registered Office Address:		, Florida
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
I hereby accept the appointment as registered agent. I am familiar v	vith and accep	t the obligations of the position.
Signature of New R	egistered Agei	nt, if changing

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 = ChiefExecutive 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		
X Add	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>	Name		<u>Addres</u> s
(Check One)	P	Ŧ	Burcin Burak Badat	1616 E 7th Ave
1) Change				Tampa, FL 33605
Add X Remove				
Remove X Change	D		Onder C Ekinci	2801 N 76TH STREET
Add				TAMPA, FL 33619
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, e (Attach additional sheets, if necessary). (Be	specific)
	N/A
 	
	
	·
. If an amendment provides for an exchange	e, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	nent if not contained in the amendment itself:
(ly not approcurie, material (m.t)	N/A
	14/4

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
Effective date if applicable:	(no more than 90 c	lays after amendment file date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicat	ele statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or bo	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The raufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were apmust be separately provided for	proved by the shareholders throur each voting group entitled to ve	gh voting groups. The following statement the separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were	sufficient for approval
by		··
	(voting group)	
Dated	5/10/2022	<u> </u>
Signature	director, president or other office	r' – if directors or officers have not been
select	ted, by an incorporator – if in the inted fiduciary by that fiduciary)	hands of a receiver, trustee, or other court
		ONDER EKINCI
	(Typed or printed n	ame of person signing)
		DIRECTOR
	(Title of person sign	ning)