

		•
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
•		
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u>.</u>

Office Use Only



900271955459

900271955459 05/12/15--01034--006 \*\*35.00

> 15 HAY 12 AH II: 58 SECHLIA VERI SEATE HALLAHASSEE, FLORIDA

And

MAY 18 2015

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	KSDJE	WELRY REPAIL	RS, CORP.		
DOCUMENT NUMBER:	Р	15000008690			
The enclosed Articles of Amenda	nent and fee are sul	omitted for filing,			
Please return all correspondence of	concerning this mat	ter to the following:			
NIMIA LOPEZ					
	Name of Contact Person				
	K S D JEWELRY REPAIRS, CORP.				
	Firm/ Company				
	55 NE 1ST STREET				
	Address				
	MIAMI, FL 33132				
	City/ State and Zip Code				
RF	GACCOUN	ITING@YAHOC	D.COM		
		ed for future annual report			
For further information concerning	g this matter, pleas	e call:			
NIMIA LOPEZ		at (305	, 300-3094		
Name of Contact I	Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	.75 Filing Fee & tificate 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 Addre		Street	Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment **Articles of Incorporation**

FILED

15 MAY 12 AM 11:58

## K S D JEWELRY REPAIRS, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) P15000008690

(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:

1	Alh	The ne
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional co	corporated" or the abbreviation rporation name must contain th
B. Enter new principal office address, if applicable:	N/A	<del></del>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	h1/A	
(Muning duaress MAT BE A POST OFFICE BOX)	IN/ A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent and agent and agent ag		e name of the
Name of New Registered Agent		e name of the
Name of New Registered Agent  (Florida New Registered Office Address:	a street address)	orida

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 <math>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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	T	_	RODOLFO SOCARRAS	55 NE 1ST STREET
Add				MIAMI, FL 33132
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	************			
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NUMBER OF SHARES ARE ISSUED AS FOLLOW:
NIMIA LOPEZ 50%
SILVIA GARCIA 50%
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A

The date of each amendment(s) adoption: 05/08/2015	, if other than the
date this document was signed.	- <b></b> -
Effective date if applicable: 05/11/2015	
(no more than 90 days after amendment file date)	<del>_</del>
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 05/08/2015	
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)	
NIMIA LOPEZ	_
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	