P15000025750

(Re	equestor's Name)	
(Ad	Idress)	· · - · · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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(IPM 3-24-15

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corp	porations		14.5
NAME OF CORPO	ORATION: AMKA IN	IC	
DOCUMENT NUM	BER: P150000257	' 50	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ALAN B. SPIVAC	CK	
	AMKA INC	Name of Contact Person	1
	9510 SEAGRAP	Firm/ Company E DRIVE #301	
	DAVIE, FL 33324	Address	
		City/ State and Zip Cod	e
	ANYAINC@ME.C	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ALAN B. SP	PIVACK	at (954	258-2342
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
	ailing Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	D. Box 6327		Building
Tallahassee, FL 32314		2661 F	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

AMKA INC

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

P15000025750

nt(s) to

(Document Number	of Corporation (if known)		- 10 to
ursuant to the provisions of section 607,1006, Flores Articles of Incorporation:	ida Statutes, this <i>Florida Profit</i> (Corporation ado	pts the following amend
. If amending name, enter the new name of the	corporation:		
			The n
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or th	rp," "Inc," or "Co". A profes.	" or "incorpor sional corporati	ated" or the abbreviati ion name must contain t
. Enter new principal office address, if applicat	ole:		
Principal office address <u>MUST BE A STREET AI</u>			
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
			
			-
. If amending the registered agent and/or regis	tered office address in Florida.	enter the name	of the
new registered agent and/or the new registere			
Name of New Registered Agent			
Mone of West Registered Agent			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Florida street address)		
	Trond sireer datessy		
New Registered Office Address:	(City)	, Florida	(Zip Code)
	(C.iii)		(Zip Code)
lew Registered Agent's Signature, if changing R	egistered Agent:		
hereby accept the appointment as registered agent		the obligations	of the position.
C:at	Non- Paristoned Agent if alamai		

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	PT Jo	hn Doe	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PTSD	ALAN B. SPIVACK	9510 SEAGRAPE DR
Add			#301
Remove			DAVIE, FL 33324
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			_
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			
La Kentove			

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 $\sqrt{3/20/15}$	
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)	
ALAN B. SPIVACK	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	