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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | _ Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | DRATION: XKUSE INC | | | | | |
|--|--|---|--|-----|--------------|----------|
| DOCUMENT NUN | IBER: P15000026253 | | | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | | |
| | MICHAIL CHRISTOFAKIS | | | | | |
| | | Name of Contact Persor | | _ | | |
| XKUSEINC | | | | | | |
| | | Firm/ Company | | | | |
| | 1801 Polk St#221786 | | | | | |
| | | Address | —————————————————————————————————————— | | | |
| | Hollywood, FL 33022 | | | | | |
| | | City/ State and Zip Cod | | _ | | |
| | DICARROCA ANA DI AMA | | | | | |
| | DJSMIKEC@GMAIL.COM | | | | | |
| | rs-man address, (to be us | sed for future annual report | normeation) | | | |
| For further informati | on concerning this matter, pleas | se call: | | | | |
| MICHAIL CHRIST | OFAKIS | 954 | 258-9571 | | 2 | |
| Name of Contact Person | | at (Area Co |) 258-9571 de & Daytime Telephone Num | ber | 2022 | |
| e i i i i i i i i | | | | • : | 51.0 | . |
| finctosed is a check t | for the following amount made | payable to the Florida Depa | iriment of State: | | . <u>1</u> 9 | |
| ■ \$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) | | 9 6: 42 | |
| Mailing Address | | Street Address | | | | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| (Name of | Corporation as current | ly filed with the Florida Dept. of State) | | |
|---|-----------------------------|---|-------------|-------------|
| 215000026253 | | | | |
| | (Document Number o | t Corporation (if known) | | |
| ursuant to the provisions of section 607.1 s Articles of Incorporation: | 006, Florida Statutes, this | Florida Profit Corporation adopts the fo | llowing an | nendment(|
| . If amending name, enter the new na | me of the corporation: | | | |
| DENUIT INC | | | 77. | e new |
| ame must be distinguishable and contain (Inc., " or Co.," or the designation "Co chartered," "professional association," (| pp_i "Inc." or "Co" | company," or "incorporated" or the abbi A professional corporation name must | eviation "C | Corp., " |
| | | N/A | | |
| . Enter new principal office address, it Principal office address <u>MUST BE A ST</u> | | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address <u>MAY BE A POST O</u> | FFICE BOX) | 1777 | | |
| | | | | |
| | | | · | 2ú2.1 |
| . If amending the registered agent and | l/or registered affice add | ress in Florida, enter the name of the | | (2) |
| new registered agent and/or the new | | | | |
| Name of New Registered Agent | N/A | | | 9 |
| | | | ··· | |
| - | (Florida sti | reet address) | | <u></u> |
| Alma Davingana I (Mina C.) In | N/A | | , ; , | 122 123 |
| New Registered Office Address: | | . Florida | | |

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 = 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>171</u> | John De | <u>oc</u> | |
|-------------------------------|--------------------------|----------|-------------|---------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jo | ones. | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | | _ | N/A | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3.) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | ***** | | | |
| Add | | | | |
| Damara | | | | |

| E. If amending or adding additional Artic (Attach additional sheets, if necessary). | des, enter change(s) here: |
|--|---|
| | (be specific) |
| N/A | |
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| F. If an amendment provides for an excha | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amen | idment if not contained in the amendment itself: |
| | |
| N/A | |
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| *************************************** | |
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9/13/2022 The date of each amendment(s) adoption: , if other than the date this document was signed. 9/13/2022 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) 9/13/2022 Dated 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) MICHAIL CHRISTOFAKIS (Typed or printed name of person signing) P

(Title of person signing)