Division of Corporations Electronic Filing Cover Sheet

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(((H23000372932 3)))



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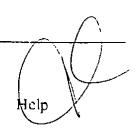
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COR AMND/RESTATE/CORRECT OR O/D RESIGN KHOURA CORP

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Electronic Filing Menu

Corporate Filing Menu



Taliahassee, FL 32314

TO: Amendment Section

(((H23000372932 3)))

COVER LETTER

Division of Corporations NAME OF CORPORATION: KHOURA CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RENATA C MINA Name of Contact Person KHOURA CORP Firm/ Company 12695 NW 67TH DRIVE Address PARKLAND, FL 33076 City/ State and Zip Code renataeristinamina@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RENATA C MINA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐ \$43.75 Filing Fec & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy cnclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallabassec, FL 32303

2023 GCT 25 EH 9: 11

(((423000 372932 3)))

Articles of Amendment to Articles of Incorporation of

CHOURA CORP		
	v filed with the Florida Dept. of State)	
16000018828	<u> </u>	
(Document Number o	f Corporation (if known)	
ursuant to the provisions of section 607,1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amen	ndineni
. If amending name, enter the new name of the corporation:		
	The	new
ime must be distinguishable and contain the word "corporation." "c "nc.," or Co.," or the designation "Corp." "Inc," or "Co". A chartered." "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corprofessional corporation name must contain the v	rp.," word
Enter new principal office address, if applicable:	20"	
rincipal office address MUST BE A STREET ADDRESS)	20/3 00	
		•
		á
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		;*** *
(mulling dutress MAT BE A POST OFFICE BOX)		सं
		<u>-</u>
		_
If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	et address), Florida	_

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(((423 000 372 932 3)))

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.

X Change	<u>PT </u>	ohn Doe	
X Remove	<u>v</u> <u>»</u>	Aike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	STEVEN W PERILLO	12695 NW 67TH DRIVE
X Add		···	PARKLAND, FL 33076
Remove			
2) Change			2))23 CCT
Add			- <u></u>
Romove			<u> </u>
3) Change			<u> </u>
Remove			£
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

TAX CONTROLLER INC (((423000372932 3)))

	cles, enter change(s) here: (Be specific)		
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		<u> </u>	
		•	
an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,		
provisions for implementing the amen-	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:		
an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A)	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:		
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provisions for implementing the amen-	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:		

The date of each amendment	(s) adeption:	
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	the mare man to may ages uncomment for uncer	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this de e Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/wern by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	(s)
	esperoved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	en <i>i</i>
"The number of votes	cast for the amendment(s) was/were sufficient for approval	2023 OCT 2
by		00
	(voling group)	:- 25
10/17/2	2023	
Dated		3
Signature	Alemine.	<u> </u>
(By	a director, president or other officer — if directors or officers have not been exted, by an incorporator — if in the hands of a receiver, trustee, or other coursointed fiduciary by that fiduciary)	1
	RENATA C MINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	