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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: K-NINE & PHOEN	HX GROUP INC	
DOCUMENT NUMB	P16000038584		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Jacqui Prince		
		Name of Contact Person	
	K-Nine & Phoenix Group Inc		
	<u> </u>	Firm/ Company	
	160 W Camino Real, #116	, ,	
	<u></u>	Address	
	Boca Raton, FL 33432		
		City/ State and Zip Code	
	kninephoenix@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Jacqui Prince		954 at (803-8258
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment 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)
Am Div P.O	ding Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

K-NINE & PHOENIX GROUP INC

	<u></u>
(Name of Corporat	tion as currently filed with the Floredand ept of State) : 41.
P16000038584	Acares
(Docu	ment Number of Corporation (if knoTALL AHASSEE, FL
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the c	orporation:
name must be distinguishable and americal and a	The new
"Inc.," or Co.," or the designation "Corp." "Inc, "chartered," "professional association," or the abbre	corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable	A.
(Principal office address MUST BE A STREET ADI	DRESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
). If amending the registered want and/or register	
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
	and the same of th
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
New Negisierea Office Address:	(City) , Florida, Florida
	(Cuỳ) (Zip Code)
ew Registered Agent's Signature, if changing Regi	internal America
hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
	y-main and accept the oraganins of the position.
Signal	ture of New Registered Agent, if changing
	2 Suna on Olemi A cumking

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)

Example:

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	VP, Trepsurer Jacqui S Prince	160 W Camino Real, #116
Add		Boca Raton, Fl. 33432
Remove		
2) Change		
Add		
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ttach additional sheets, if necessary).	icles, enter change(s) he (Be specific)			
				
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	1 157 47		finance dubance	
an amendment provides for an exc provisions for implementing the am	nange, reclassification,	or cancenation o	1 ISSUEU SHAFES,	
rovisions for implementing the an	enoment ii not contain	to in the Amenon	iene usen.	
(if we a souli ambie in diamen M/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				

	April 1, 2022
The date of each amendment(s) ado	ption:, if other than
date this document was signed.	
Effective date if applicable:	April 1, 2022
enective date it applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep.	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	,"
ОУ	(voting group)
selected.	2022 ecfor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary) JACQUI S PRINCE (Typed or printed name of person signing)
	VP
-	(Title of person signing)
	(Thic of person signing)