## P16 0000 61996

(Re	questor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
		·	

Office Use Only



200345026982

05/26/20--01024--013 \*\*43.75

JUN 1 1 2020 S. YOUNG 020 HAY 26 AM 6: 45

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: KOSANFA, INC.

DOCUMENT NUMBER: P16000061996 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KEVYN KEAGAN

Name of Contact Person Firm/ Company MIRAMAR, FL 33027-7792
City/State and Zip Code DEBITTMAN (2 AOL. COM)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICHARD LEBERMAN at (954) 474-1130

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **☐\$**43.75 Filing Fee & \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **Articles of Amendment**

to

Articles of Incorporation

of

LOSANFA, 11
-------------

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

P 16000061996

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	orida Profit Corporation adopts	the following amendment
A. If amending name, enter the new na £05ANFA COMM	IUNICATION		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	orp," "Inc," or "Co". A p	mpany," or "incorporated" or the professional corporation name i	e abbreviation "Corp.," must contain the word
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A	
			7
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C		N/A	
			- in
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of	<u>the</u>
Name of New Registered Agent	KEVYN K	EAGAN	
Name of New Registered Agent	320 5. FLA	nINGO RD, SU address)	ITE 186
New Registered Office Address:	PEMBROKE 1	PINES Flor	ida 33027 (Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		th and accept the obligations of th	he position.
	Signature of New Rec	istered Agent, if changing	
	Treatment of the Ros	Tarre on tiderin A summaring	

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	PT	John Doe	:	
X Remove	<u>v</u>	Mike Jon	<u>c</u>	
<u>X</u> Add	<u>SV</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	<u>Addres</u> s
1) Change			<u></u>	
Add				
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del> -		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	N/A
	N/A
·	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y noi applicable, maleule may	NJA
· · · · · · · · · · · · · · · · · · ·	

	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requartment of State's records.	airements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for icient for approval.	r the amendment(s)
` · ·	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the an	•
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		**
·	(voting group)	
Dated	123, 2020	
Signature	Khaan	
(By a dire	ector, president or other officer - if directors or office	rs have not been
selected,	by an incorporator - if in the hands of a receiver, trus	stee, or other court
appointed	fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRES/DIR  (Title of person signing)	
	(Title of person signing)	