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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

ţ

NAME OF CORPO	RATION: K&K PROFESSIO	ONAL CLEANING INC	
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	KAROLY NAGY		
		Name of Contact Person	n
	c/o PATAKI CENTER INC		
		Firm/ Company	
	2436 N. FEDERAL HWY ST	TE 220	
		Address	
	LIGHTHOUSE POINT, FL	33064	
		City/ State and Zip Cod	e
info@	patakicenter.com		
		sed for future annual report	
	iz-man address, (to be us	sed for future annual report	notrication)
For further informatio	n concerning this matter, pleas	se call:	
KAROLY NAGY		at (420-2337
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

K&K PROFESSIONAL CLEANING IN	C	17 ."	77 10 77
(Name o	f Corporation as curren	tly filed with the Florida	Dept. of State)
P16000086796		1.7	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes. thi	s Florida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
NONE APPLICABLE			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address,	f applicable:	NONE APPLICABL	E
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	NONE APPLICABL	Е
		NONE APPLICABL	E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NONE APPLICABL	E
		NONE APPLICABL	E
		NONE APPLICABL	F.
D. If amending the registered agent an new registered agent and/or the new			e name of the
Name of New Registered Agent	NONE APPLICABLE		
	NONE APPLICABLE		
	(Florida s	treet address)	
New Registered Office Address:	NONE APPLICABLE		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	anging Registered Agen ered agent. I am familian	it: with and accept the oblig	eations of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	LASZLO ZOLTAN STOFA	2436 N. FEDERAL HWY STE 220
Add			LIGHTHOUSE POINT, FL 33064
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Articl (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
NONE APPLICABLE	
· · · · · · · · · · · · · · · · · · ·	
-	
	
F. If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
NONE APPLICABLE	

	NONE APPLICABLE adoption:	, if other than the
date this document was signed.	NONE APPLICABLE	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dae Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s e sufficient for approval.	:)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
JUNE 1 Dated	4, 2017	
Signature	Kandyllas	
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other coursointed fiduciary by that fiduciary)	ı
	KAROLY NAGY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	