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R. SVATTE

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DRANIKI CORP. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carolina Gorman, Esq. Name of Contact Person Law Offices of Carolina Gorman, P.A. Firm/ Company 1709 NE 24 Street Address Wilton Manors, FL 33305 City/ State and Zip Code carolinagorman28@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 465-4890

Area Code & Daytime Telephone Number Carolina Gorman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & \$\infty\$\$\$\$\$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Please note, the attacked Articles of Amendment change the title of officer Vladlena Funk from Secretary to VICE PRESIDENT AND SECRETARY.

## Articles of Amendment Articles of Incorporation of

DRANIKI CORP.	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
217000008214	
(Document Number	er of Corporation (if known)
·	
ursuant to the provisions of section 607.1006, Florida Statutes, t s Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation	i
	The new
ame must be distinguishable and contain the word "corporation, Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.	'. A professional corporation name must contain the word
. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS )	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office addi	
No. of No. Burian 2 American	
Name of New Registered Agent	<del></del>
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(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili	ent: in with and accept the obligations of the position
nereny accept the appointment as registered agent. I am jumin	ar min and accept the obligations of the position.
Signature of New	w Registered Agent, if changing
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>PT</u>	John De	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) X Change	V.S	<u> </u>	VLADLENA FUNK	777 Brickell Ave #500-9841		
Add				Miami, FL 33131		
Remove						
2) Change						
Add						
Remove 3) Change		<del></del>				
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	adding additional all sheets, if necessar	ry). (Be specific	:)			
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	04/13/202	21	, if other than the
The date of each amendment date this document was signed.	(5) adoption:		
date dita document was a grieve	04/13/2021		
Effective date if applicable:	(no n	more than 90 days after amendment file date)	<del></del>
	•		The State of the Control of the
Note: If the date inserted in t document's effective date on the	his block does not mee he Department of State'	et the applicable statutory filing requirements, this is records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK	<u>ONE</u> )	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorp	porators, or board of directors without shareholder ac	ction and shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the sharehere sufficient for approv	nolders. The number of votes cast for the amendmental.	nt(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the share do for each voting group	eholders through voting groups. The following state or entitled to vote separately on the amendment(s):	ement
"The number of votes	s east for the amendmen	nt(s) was/were sufficient for approval	
by			
· · · · · · · · · · · · · · · · · · ·	(voting gro	oup)	
04/13/	<sup>2</sup> 2021		
Dated	110	<del>/</del>	
Q:	1 hw	W	
Signature(B	v a director, president o	or other officer - if directors or officers have not bee	en .
se	elected, by an incorporate pointed fiduciary by the	tor - if in the hands of a receiver, trustee, or other co	ourt '.
·	VLADLENA FUI	NK	
	(Typed	d or printed name of person signing)	
	Vice President and	d Secretary	
	(Title c	of person signing)	
	•		
State of Florida			
This foregoing instrumen	t was acknowledged befo	ore me by means of Vphysical presence oron	iline notarization this
13th day of APR	11 2021 by VIA	ADLENA FUNK as Vice President and Secretary of DRAN	IIKI CORP, a Florida
	nally known to me or has	s provided FICRIDA DRIVER LICENSE	<u></u> as
Identification.			
(Seal)		Poller Groman	
		Printed Name: CARCLINA GORH	<i>うい</i>
CAROLINA	GORMAN	Notary Public	
Notary Public-S Commission My Commis	# GG 927063 sion Expires	My Commission expires:	
October	28, 2023		