## PM00009485

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FALLAHASSEP FISHAIR.

## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: 600	L Kiss Inc.				
DOCUMENT NUMBER: 1700C	009485				
The enclosed Articles of Amendment and fee a	 re submitted for filing.				
Please return all correspondence concerning this	 s matter to the following: 				
<u> </u>	PERALTA				
L	Name of Contact Person				
Tool	Firm/ Company				
23421	ICTORIA FAILS DR				
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_ runa	City/ State and Zip Code				
FL. KOOL. KID	FL. Kool. Lissa Brail. com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter.	  please call:				
O'NSIL PERALTA Name of Contact Person	at ( 407 ) 963 - 5638  Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:				
\$35 Filing Fee					
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
	Tallahassee. FL 32301				

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of
Kool Kids Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
R1700009485
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)  [050 PLAZA DR Suite I  Sissimmiss FL 34743
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent DAVID OLIVA ARMAS
1819 SW 107 AVE APT. 1907 Minn, FL 33165
New Registered Office Address: 1050 Plaza De Surre Krssmutt Monda 54743
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing

Page 1 of 4

address of each Office		11	n name of each offic	rer/director being removed and title, name, and
(Attach additional shee				
		the first letter of the offic		
P = President; V = Vic	e President: T	= Treasurer; S= Secretar	v; D= Director; TR=	= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFC	$\mathcal{T} = Chief Fina$	meial Officer. If an office	er/director holds moi	re than one title, list the first letter of each office
held. President, Treasu				,
			ohn Doe is listed as t	he PST and Mike Jones is listed as the V. There is
				se should be noted as John Doe, PT as a Change,
Mike Jones, V as Remo				, - · · · · · · · · · · · · · · · · · ·
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E. If amending or adding additional Articles	antor charge(s) hare:
(Attach additional sheets, if necessary). (B)	e specific)
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F. If an amendment provides for an exchang	reclassification, or cancellation of issued shares, tent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	10
	N/A
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	ii i				
The date of each amendment(s) adoption: date this document was signed.	9/1	17			, if other than the
Effective date <u>if applicable</u> :	(no me	/A ore than 90 c	lays after amendment	file date)	<del></del>
Note: If the date inserted in this block does it document's effective date on the Department of			ole statutory filing requ	uirements, this date v	vill not be listed as the
Adoption of Amendment(s) (C1	]] <u>{ECK O</u> ii	<u>NE</u> )			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for			umber of votes cast for	r the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	  e shareho  gleroup e	olders throug mitled to vo	gh voting groups. <i>The</i> te separately on the ar	following statement nendment(s):	
"The number of votes cast for the ame	 ndment(s	) was/were s	sufficient for approval		
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The amendment(s) was/were adopted by the action was not required.	incorpor	ators withou	it shareholder action a	nd shareholder	
Dated 9 1 1 7					
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			me of person signing)		
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