P17000039900

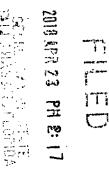
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Amendals

APR 2.4 2018
I ALBRITTON

COVER LETTER

Division of Corporations NAME OF CORPORATION: MKRG Properties & SULVIUS COMP The enclosed Articles of Amendment and fee are submitted for filing. Please return all corre

espondence concerning this matter to the following:			
Kardina Torres			
Name of Contact Person			
Klomes fervius Corp			
Firm/ Company			
600 5 Federal Huy ste 207			
Address			
Heerfield Beach, 9 39441			
City/ State and Zip Code			
Ktones@ Ktones xenrius.com			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:	
_ Lambina Torres	at 561, 562.0814
_ a Ulling Islica	at(00)
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:

☐ \$35 Filing Fee

TO: Amendment Section

\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy

(Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

MKRG Properties & Servi	CUA (MP
	iled with the Florida Dept. of State)
P17000039900	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Eq. 3
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	The state of the s
Name of New Registered Agent	
· · · · · ·	製造
(Florida street	address)
New Registered Office Address:	. Florida
(Ci	iy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	's and accept the obligations of the position.
Signature of New Reg.	istered 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.

Example:		, simm, si ta un muu.		
X_Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change	VP	- Azemard	os Santos Feite	aste. Rua Frei Manuel da Cruz
Add Remove				Belo Horizonte, MG Brazil 31270300
2) Change	UP	Leticia Bo	telho Davoli	4885 Matteo Trail Orlando, FL 32839
Add				<u> </u>
3)Change				
Add Remove				
4) Change				
Add				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

E. <u>If amending or adding additional Arti-</u> (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
1 .	
-N/I\	
1 Land 1	,
S. 16	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
10 7	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this t document's effective date on the De	plock does not meet the applicable statutory filing requirements, this expartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmentificient for approval.	ı(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	 ."	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 04	117/2018	
Signature	150201	
	irector, president or other officer – if directors or officers have not been	
	 d, by an incorporator – if in the hands of a receiver, trustee, or other co- ted fiduciary by that fiduciary) 	urt
	Al mas Hangis Ontallos Chalo	stti
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	