P11000071967

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C. GOLDEN SEP 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

``

NAME OF CORPORATION: NEUKRU VE	 NTURES. INC.
DOCUMENT NUMBER: P17000071967	
The enclosed Articles of Amendment and fee a	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
MELANIE KRUSZONA	
NEUKRU VENTURES.	Name of Contact Person INC.
322 WINDRUSH BLVD	Firm/ Company
INDIAN ROCKS BEAG	Address
- INDIAN ROCKS BEAC	City/ State and Zip Code
MELANIEKRUSZONA@GM	AIL.COM
E-mail address: (10 t	e used for future annual report notification)
For further information concerning this matter.	 please call:
MELANIE KRUSZONA	at (727) 215-3862
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 □\$43.75 Filing Fee Certificate of State	
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 of

FILED

NEUKRU VENTURES, INC.	002 0FD 10 FH 2-2Q
(Name of Corp	poration as currently filed with the Florida Dept. of State)
P17000071967	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(F	Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:
1	The new
	e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if appli	icable:
(Principal office address MUST BE A STREET	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	<u></u>
	
	gistered office address in Florida, enter the name of the
new registered agent and/or the new regist	tered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	g Registered Agent:
	gent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

		le by the first letter of the office t		
			D= Director; TR= Trustee; C = Chairman or Cle	
held. President, Treasw			director holds more than one title, list the first lett	er of each office
			1 Doe is listed as the PST and Mike Jones is listed a	is the V. There is
a change, Mike Jones le	aves the c	orporation, Sally Smith is name	d the V and S. These should be noted as John Doe,	PT as a Change.
Mike Jones, V as Remov				
Example:		1		
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action	Title	Name 	<u>Addres</u> s	
(Check One)	D.		AUF M	
1) X Change	Р	KRUSZONA, MELA	ANIE M	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<u> </u>		
Add				
				
Remove				
4) Changa				
4) Change	-	<u>- ! </u>		
Add				_
Remove				
5) Change		_ <u> </u>		
Add				
Remove				
				
6) Change				
Add				
Remove				

Page 2 of 4

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)

E. If amending or adding additional Articles	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
·	
	
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendm (if not applicable, indicate N/A)	ent if not contained in the amendment itself:
(y nor appacane, mateur may	
	<u> </u>

The date of each amendment(s) adoption:	 1/2017 	, if other than the
date this document was signed.		<u>-</u> -
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of		not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	
	shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame		
by		
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	mcorporators without shareholder action and shareholder	
9/13/2017 Dated		
Signature Melanu	i Krysigna	_
(By a director, pre-	sident or other officer – if directors or officers have not been opporator – if in the hands of a receiver, trustee, or other court	
·	y by that fiduciary)	
MELANII	 Kruszona 	
	(Typed or printed name of person signing)	<u> </u>
PRESIDE	N	
	(Title of person signing)	