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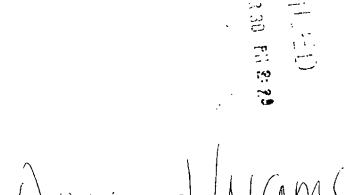
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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: JACKIE KRUPP P.A. DOCUMENT NUMBER: P 1800000 6608					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JACQUELINE KRUPP					
Name of Contact Person					
Firm/ Company					
5117 OHIQUITA BLUDS-					
CAPE CORAL, FL. 33914 City/ State and Zip Code					
City/ State and Zip Code					
Jackiek sells & 8 mail. com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JACQUELINE KRUPP at 239, 322-9379					
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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					

Mailing AddressStreet AddAmendment SectionAmendment

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

Articles of	f Amendment	- 31 ₁₀	
Articles of	to Incorporation	4.	
	of	*	10 × 10
JACKIE KRUPP F	2 <u>A</u>		
(Name of Corporation as curre		Dept. of State)	૿૽ૢૺૺૺ૾
P 1800006608			· · · · · · · · · · · · · · · · · · ·
(Document Numbe	er of Corporation (if known)		
suant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis <i>Florida Profit Corporatio</i>	on adopts the following a	mendment(s) to
If amending name, enter the new name of the corporation: TACQUELINE LRU	PP PA	Ti	he new
me must be distinguishable and contain the word "corpora forp.," "Inc.," or Co.," or the designation "Corp," "Inc," o rd "chartered," "professional association," or the abbreviatio	ution," "company," or "inc or "Co". A professional cor	orporated" or the abbi poration name must cor	eviation itain the
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office a		name of the	
new registered agent and/or the new registered office addition	11		
Name of New Registered Agent TACQUEL	ING XXVII		
5117 0	2 HIOUITA B	LVD3	
Name of New Registered Agent 5 / / 7 C (Florida New Registered Office Address: CAPE COR	1 street address) I A=7	720	11
New Registered Office Address: X PE COK	(Civ)	, Florida <u>\$ 3 9</u>	<u>/ 7</u> (e)
	(0.7)		,
w Registered Agent's Signature, if changing Registered Agerehy accept the appointment as registered agent. I am famili	ent: ar with and accept the obliga	ttions of the position.	
Jacquelia	Kupp ow Registered Agent, if change		
(Sighature of Ne	w Registered Agent, if change	ing	

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Tanada Vala	Address 5117 CHIQUITH BLUDS
1) <u>Y</u> Change Add		Tacqueline Krupp	(APG WRAL-, PL
Remove			33914
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 -		
Add			
Remove			

· · · · · · · · · · · · · · · · · · ·	icles, enter change(s) here: (Be specific)
	1// #
	1
-	
	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not apprecione, mineric)	
	
-	t
	N L A
	X
	D A
	N A
	N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4-26-2018 Avenulie Kung	
Signature // / / / / / / / / / / / / / / / / /	
(By a diffector, president or other officer - if directors or officers have not beer	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cou	ırt
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	