P180000037752

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: C & K ALSONSO	INC		
DOCUMENT NUMBER: _	P18000037782			
The enclosed Articles of Ame	<i>ndment</i> and fee are su	bmitted for filing.		
Please return all corresponden	ice concerning this ma	tter to the following:		
	CARLOS F. A	LFONSO		
		Name of Contact Person	1	
	C & K ALSON	SO INC		
 -		Firm ¹ Company		
	19020 NW 10	AVE		
		Address		
	MIAMI GARDENS, FL 33169			
		City/ State and Zip Code	2	
For further information conce			440227	
CARLOS F. ALFONSO		at (de & Daytime Telephone Number	
Name of Conta	ict Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fol	llowing amount made	payable to the Florida Depa	urtment of State;	
-	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & 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		Amend Divisio	Address ment Section n of Corporations	
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment Articles of Incorporation σf

C & K ALSONSO INC

(Name of Corporation as currently filed with the Florida Dept. of State) P18000037782 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: C & K ALFONSÓ INC 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_		
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional sheets, if nee	essary). (B	e specific)			
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lf an amond	ment provides for					
provisions	for implementing	the amendm	e, reclassificati ent if not cont:	on, or cancenation tined in the amen	a or <u>is</u>saco suare: dment itself:	<u>5,</u>
	applicable, indicate	e N/4)	• • • •			
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The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, thinent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment for approval.	nent(s)
must be separately provided for each	by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s): e amendment(s) was/were sufficient for approval	истен 2021 / 2021 / 2020 / 30
by	(voting group)	3 0
04/20/2021 Dated	2	Pii 10: 4-1
selected, by a	r, president or other officer – if directors or officers have not be in incorporator – if in the hands of a receiver, trustee, or other duciary by that fiduciary)	
	CARLOS F, ALFONSO	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)