P18000038160

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2020 AUG 27 PM 2: 31
SECRETARY OF STATE
TALLAHASSEE, FL

BL VORISEK OCT 13 2020

COVER LETTER

NAME OF CORPORATION: BONSCIOUS KONTRACTORS INC

DOCUMENT NUMBER: P18000038160

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANÇOIS ALCAMARE

Name of Contact Person

122 Ne 78 4 Steart Apt 6

Address

Miami; PL 33138

City/ State and Zip Code

Kon Scious Kontractors Cymail com

E-mail address: (to be used for future annual report not Deation)

For further information concerning this matter, please call:

TO: Amendment Section

FROM COTS ALXANDE at (954) SYB-7877

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:

12 \$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Additional Copy

is enclosed)

Articles of Amendment to

Articles of Incorporation

Knocknow Kons	togotors N			
(Name of Corporation	as currently filed with the	Florida Dept. of State)		
P1800003				
	nt Number of Corporation (if	known)		
	•			
Pursuant to the provisions of section 607,1006, Florida 8 ts Articles of Incorporation:	Statutes, this <i>Florida Profit C</i>	orporation adopts the fo	llowing ame	indment(s) t
A. If amending name, enter the new name of the cor	poration:			
Konscious Kontra	Ktors In	C	The	new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	poration," "company," or "ir or "Co". A professional c	acorporated" or the abbr	reviation "Co	orp.,"
		Ā		
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	PFSS 1	<u> </u>	深一 建一	- 77
Trincipal typice duliness into a part of the tribute of tribu		<u> </u>	<u> </u>	Arresta Ligano
		AS:	7	त हार्यक्ष
			7 32	-12-2-2 12-2-2
Enter new mailing address, if applicable:		<u>11</u>	ZZ 23	Stare?
(Mailing address <u>MAY BE A POST OFFICE BOX</u>			<u>≓_⊸</u>	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		enter the name of the		
new registered agent and/or the new registered of	inc address.			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I description.	tered Agent: am familiar with and accent t	he obligations of the pos	ition.	
The state of the s	y american in an area accept to	The regarding of the post		
	·			
Signati	ire of New Registered Agent,	if changing		
Sheck if annlicable				

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)

Example:

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.

X_Change	<u>PT</u>	<u>John Do</u>	<u>ee</u>	
X Remove	$\overline{\lambda}$	Mike Jo	nes	
_X Add	<u>SV</u>	Sally Su	nith .	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_	P44-8-98	
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	7

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	- / 1	
December data if analimble	08/23/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for the shareholders was/were sufficient for the shareholders was/were sufficient for the shareholders was/were adopted by the shareholders was/were adopted by the shareholders was/were sufficient for the shareholders was/were sufficient for the shareholders was/were adopted by the shareholders was/were adopted by the shareholders was/were sufficient for the sharehold	he shareholders. The number of votes east for the amend or approval.	lment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendment(s	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by		
	voting group)	
Dated	25/2020_	t hoon
selected, by an i	resident or other officer – if directors or officers have no ncorporator – if in the hands of a receiver, trustee, or oth ary by that fiduciary)	
FRO	(Typed or printed name of person signing)	
	Principalowner	
	(Title of person signing)	