Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000413461 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973 : (305)675-5944

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."*

| Email | Address: |
|-------|----------|
|-------|----------|

COR AMND/RESTATE/CORRECT OR O/D RESIGN KREATIVE BUILDERS CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

| KREATIVE BUILDERS CORP | | | | |
|---|--|--|----------------------------------|------------|
| (Name of Corporation as curr P18000039695 | ently filed with the Florida I | Dept. of State) | | |
| | per of Corporation (if known) | | | |
| Parsuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation: | - ' | n adopts the following | ıg aməndr | nent(s) to |
| A. If amending name, enter the new name of the corporation | Ŀ | | | |
| name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F | A professional cornoratio | ed" or the abbreviati n nume must conta | The no on "Corp. in the wo | " |
| B. Enter new principal office address, if applicable: | | | | 707 |
| (Principal office address MUST BE A STREET ADDRESS) | ************************************** | | | - [2] |
| | | | | 33 |
| | | | <u> </u> | . [|
| C. Enter new mailing address, if applicable: | | | - رئ | - |
| (Mailing address MAY BE A POST OFFICE BOX) | | | (A) (| |
| | | | | . ب |
| | ************************************** | | | 32 |
| D. If amending the registered agent and/or registered office new registered office add Name of New Registered Agent | address in Florida, enter the ress: | name of the | ·- | |
| | | | | • |
| (Florid | a sweet uidress) | | - | |
| New Registered Office Address: | | , Florida | | |
| | (Clty) | (Zlp : | Code) | |
| New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil | t <u>ent:</u> iar with and accept the obligat | lons of the position. | | |
| Signature of Ne | w Registered Agent, if changing | g | - | |
| 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 = Chairmon 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 | PI | <u>John D</u> | <u>Qe</u> | | | |
|-------------------------------|-----------|---------------|---------------|---------------------------------------|----------------|--------------|
| X Removė | Y | Mike J | <u>ones</u> | | | |
| X Add | <u>sy</u> | Sally S | <u>mith</u> | | | |
| Type of Action (Check One) | Title | | Name | Address | | |
| 1) Change | D,S | | JOSE GRANIZO | 16404 SW 79 LANE | | |
| X Add | | | | MIAMI, FL 33193 | | _ |
| Remove | | | , | | t | 20 |
| 2) Change | VP | _ | DAVID GRANIZO | 9822 SW 146 AVE | 517 | 2023 DEC |
| X Add | | | | MIAM1, FL 33186 | ; · | _ 03_ |
| Remove 3)Change | | ~ . | | | 31.1.7 20 m | |
| Add. | | | | | 7; [•€ | ض حوا |
| Remove | | | | | 크는 | 32 |
| 4) Change | | _ | | | | _ |
| Add | | | | · · · · · · · · · · · · · · · · · · · | | _ |
| Remove | | | | | | |
| ()Change | | _ | | | · | _ |
| Add | | | | | . | . |
| Remove | | | | | | |
| f) Change | | | | | | _ |
| Add | | | | | | _ |
| Remove | | | | | | |
| | | | | | | |

| Lamending or adding additional Articles, e Attach additional sheets, if necessary). (Be | specific) | | | | |
|--|---------------------------------------|---------------------|---------------------------------------|---|--------|
| | | | | | |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | *************************************** | |
| | | | | · | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | <u></u> | | |
| | | | | 20 | |
| | | | | <u></u> | |
| | | | | 2 6 | 1 |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | • | | , r.> | - - |
| | | | | <u></u> | T. |
| | | | | 1., | _ ڥ |
| | <u> </u> | | | 25 | ယ် |
| | | | · · · · · · · · · · · · · · · · · · · | | ~ |
| | | | | | |
| | - | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| en amendment provides for an exchange, r | eclassification, or can | cellation of Issued | bares. | | |
| royisions for implementing the amendment (if not applicable, indicate N/A) | Il not contained in th | ie amendment itsel | <u>(;</u> | | |
| · | | | | | |
| | | · · · | | <u>.</u> | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | | | |
| | · · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(e) adontion | 12/04/2023 | | |
|---|---|------------------------------------|--------------------------|
| date this document was signed. | 1.2/04/2023 | _ if other then | the |
| Effective date if applicable: | | | |
| | (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 | not meet the applicable agency are | not be listed as | the |
| Adoption of Amendment(s) (Q | HECK ONE) | | |
| The amendment(s) was/were adopted by the action was not required. | e incorporators, or board of directors without shareholder action and s | hareholder | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | e shareholders. The number of votes cast for the amendment(s) | | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): | 2023 DEC | cara. |
| "The number of votes east for the arne | endment(s) was/were sufficient for approval | BDEC -4 A | ا ق التعمد |
| by | , n | - | j energe G |
| (vo | ting group) | AH SŠÉ | |
| .12/04/2023 | | | Can |
| Dated | | $\mathbb{T}_{\mathbb{F}}$ ω | |
| Signature Lee Man | io | | |
| (By a director, pres solected; by an inco appointed fiduciary | ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court v by that fiduciary) | | |
| LUŻ GANG |) | | |
| • | Typed or printed name of person signing) | | |
| PRESIDEN | T | | |
| | Title of person signing) | - | |