

P18000087705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

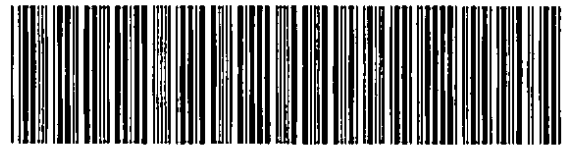
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700376436687

11/15/21- 01011--001 4435.00

FILED
2021 NOV 15 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
DEC - 8 2021

NICHOLSON & EASTIN, LLP

ATTORNEYS AND COUNSELORS AT LAW
707 N.E. 3RD AVENUE, SUITE 301
FORT LAUDERDALE, FLORIDA 33304
TELEPHONE: 954.634.4400
FACSIMILE: 954.634.4418
www.NicholsonEastin.com

ERIN M. FERBER, ESQ., CPC-A
EMAIL: Erin@NicholsonEastin.com

November 9, 2021

SENT VIA U.S. MAIL

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

RE: Kids Miracle Steps, Inc.
Document No.: P18000087705

To Whom it May Concern:

Enclosed please find an "Articles of Amendment to Articles of Incorporation" for the above-referenced entity. Upon the processing of these Articles, Ms. Galina Klyachman will be the Registered Agent and President of Kids Miracle Steps, Inc., Mr. Ramil Iffraimov will be the Vice President, and Mr. Breno Cardoso will no longer hold any position with Kids Miracle Steps, Inc.

Please contact the undersigned regarding any matters related to this change of information.

Sincerely,

Nicholson & Eastin, LLP

Erin Ferber

Erin M. Ferber, P.A.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kids Miracle Steps, Inc. _____

DOCUMENT NUMBER: P18000087705 _____

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

Please return all correspondence concerning this matter to the following:

Galina Klyachman

Name of Contact Person

Kids Miracle Steps, Inc.

Firm/ Company

1371-1381 N. Palm Avenue

Address

Pembroke Pines, FL 33024

City/ State and Zip Code

gklyachman@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Ferber, Esq. _____ at (954) 634-4400
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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

Articles of Amendment
to
Articles of Incorporation
of

Kids Miracle Steps, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000087705

(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:

The new 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 MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

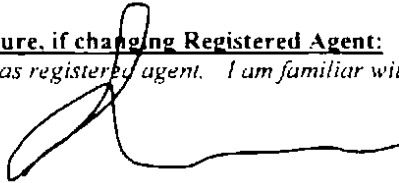
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Galina Klyachman
1371-1381 N. Palm Ave.
(Florida street address)

New Registered Office Address: Pembroke Pines, Florida 33024
(City) (Zip Code)

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.

FILED
2021 NOV 15 AM 8:57
TALLAHASSEE, FL
DB

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Breno Cardoso	18607 SW 46th Street
<input type="checkbox"/> Add			Miramar, FL 33029
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	Galina Klyachman	19333 Collins Avenue, Apt. 809
<input checked="" type="checkbox"/> Add			Sunny Isles, FL 33160
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	VP	Galina Klyachman	19333 Collins Avenue, Apt. 809
<input type="checkbox"/> Add			Sunny Isles, FL 33160
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

November 3, 2021

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

Dated 11-3-21

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

G A / I W A Klyachmar
(Typed or printed name of person signing)

President
(Title of person signing)