P19000026409

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
8)	usiness Entity Nan	me)
(D	ocument Number)	
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SECRETARY OF STAT

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COVER LETTER

TO: Amendment Section **Division of Corporations**

(Florida
Department of State)

NAME OF CORPO	RATION: Shade Solutions by	y JK Studio Designs, Inc.	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUM	P19000026400				
The enclosed Articles	s of Amendment and fee are su	ubmitted for filing.			
Please return all corn	espondence concerning this ma	atter to the following:			
	Jeffrey Kleinman				
		Name of Contact Perso	n		
	Shade Solutions by JK Studio Designs, Inc.				
		Firm/ Company			
	2050 N. Tropical Trail				
		Address			
Merritt Island, Florida 32953					
	-	City/ State and Zip Cod	e		
		,			
	jkstudiodesigns@aol.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Jeffrey Kleinman		at (³²¹) 431-9672		
Name of Contact Person Area Code & Daytime Telephone Number		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Shade Solutions by JK Studio Designs, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000026409	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
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 "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2050 N. Tropical Tr.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Merritt Island, Florida 32953
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2050 N. Tropical Tr.
(Merritt Island, Florida 32953
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	RS:
Name of New Registered Agent	2023 J SECH
and the second	APR VILLE
	treet address)
New Registered Office Address:	(City), Florida (Zip Code), T
	in α =
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	it: with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Check if annicable	

☐ 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			2023 APR SECRETI
Remove			APR 2
5) Change			<u> </u>
Add			
Remove			STATE
6) Change			<u></u> *
Add			
Remove			

The date of each amendment(s) a late this document was signed.	ndoption:	_, if other than the
iate uns document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
April 24, 2	2024	
Signature A	My Kleinman	
(By a c	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	_
	Jeffrey Kleinman	
	(Typed or printed name of person signing)	2023 \$EC
	Director or President	2023 APR 2 SECRETAL
	(Title of person signing)	A 26

29 APR 26 PH 1: 25 ECRETARY OF STATE TALLAHASSEE, FL