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. COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KORMAN GIRLS	INC		
DOCUMENT NUMBI	000327689620	<u></u>		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
J	EFFREY KARSIN			
_		Name of Contact Person	1	
_		Firm/ Company		
:	2598 N.W. 53 STREET			
_		Address	418	
E	BOCA RATON, FLORIDA	33496		
_		City/ State and Zip Code	ę	
ВОСА	JMK@AOL.COM			
	_	sed for future annual report	notification)	
For further information JEFFREY KARSIN	concerning this matter, pleas	se call:at (702-8880	
Name of Contact Person		at () de & Daytime Telephone Number	
	the following amount made		,	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

KORMAN GIRLS INC						
(Name of Corporatio	n as currently f	filed with the Florid	a Dept. of State)	-		
000327689620						
(Docume	ent Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corpora	tion adopts the fo	llowing am	endmen	t(s) to
A. If amending name, enter the new name of the cor	rporation:					
				The	new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co	o". A professional c		the abbre	viation	
B. Enter new principal office address, if applicable:						
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)			—: <u>।।</u> (८)	2019	
					¥	! 74
				-2.3	<u></u>	ent:
C. Enter new mailing address, if applicable:				중작	9	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u>X</u>)					9 8
				- 1 ₍₂₎	_ ਨਾਂ	
				三百百	Ω.	
				<u> </u>	<u> </u>	
D. If amending the registered agent and/or registered		s in Florida, enter th	ne name of the			
new registered agent and/or the new registered o	office address:					
Name of New Registered Agent			··· ···			
	(Florida street	address)				
New Registered Office Address:			. Florida			
New Registered Office Address.	(C	ity)	Troma	(Zip Code)	1	
New Registered Agent's Signature, if changing Regis						
I hereby accept the appointment as registered agent. I	am familiar wit	h and accept the oblig	gations of the pos	tition.		
Signa	iture of New Rea	istered Agent if char	nging			

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	VP	SHERRI KORMAN	554 STONEMONT DRIVE
X Add			WESTON, FL. 33326
Remove			
2) Change			· .
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
O Channe			
6) Change	-		
Add			
Remove			

	(Be specific)			
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provisions for implementing the ame	ndment if not con	tained in the amer	iament itsen:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the amer	idment itsen:	
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provisions for implementing the ame	ndment if not con	tained in the ame	ament Itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the ame	ament Itself:	

The date of each amendment(s) a	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ 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.	
☐ The amendment(s) was/were ap must be separately provided fo	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)	
•	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	5/6/2019	
Signature	Model Lamure	
(By a select	director, 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 nted fiduciary by that fiduciary)	
	MITCHELL KORMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	