P190000 33103

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SIKatty & Borgan Group Inc. DOCUMENT NUMBER: P19000033103	
DOCUMENT NUMBER: P19000S \$10S	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Patricia M. Sikaffy Name of Contact Person Sikaffy J Borzan Groy Inc. Firm Company 150 S.E. Gth Augnus #47	
Homesterd, FL. 33030 City State and Zip Code	
Patricams Kuffal hotmail am E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jason Abolsky, ESR. at (305), 570-9705. 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:	٠
S35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to	
Articles of Incorporation	
of	

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S: Kalfy di	Borzen	Group Inc.	
		filed with the Florida Dept. of State)	
P 19000033103			
	ment Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floric its Articles of Incorporation:	la Statutes, this F	<i>lorida Profit Corporation</i> adopts the fol	lowing amendment(s)
·	,	N/A	
A. If amending name, enter the new name of the c	orporation:	NIF	
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p_c " " hic_c " or " C	o". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>).N</u>)	N/A	
D. If amending the registered agent and/or registence registered agent and/or the new registered.		ess in Florida, enter the name of the	10 H 20
Name of New Registered Agent	/ A		
Ame y rest negrocultum	1,	- <u>-</u> -	
	thlorida stre		
• •			Ţi
New Registered Office Address: N	i -	. Florida	
	/	Tityi	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. \(\sum \setminus \left\ \left\ \)	gistered Agent; I am familiar w.	ith and accept the obligations of the posi	tion.
Nier	nature of New Re	gistered Agent, if changing	
(175)		Burner michanic harmitant	

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; I = 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 tollowing 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>	<u>John D</u>)oc						
X Remove	<u>\\'</u>	Mike J	<u>ones</u>						
X Add	<u>sv</u>	Sally S	<u>imith</u>						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addre</u>	<u>.</u> <u>s</u> s		#
1) Change	P	_	W +110	Polo	Boginn	Morel	150 5	.E. 6+	λ <i>Α</i>
Add						Hon	150 S restrad	FL. 3.	303
Remove									
2) Change									
Add									
Remove									
3) Change									
Add									
Remove									
4) Change									
Add									
Remove									
51 Change									
Add									
Remove									
6)Change									
Add									
Remove									

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)
NIA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: Aif not applicable, indicate NA)
N/A

The date of each amendment(s) adoption: $6/22/19$. if other than the date this document was signed.
Effective date <u>if applicable</u> : 5/22/19 (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 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)
☐ The amendment(s) was were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 6/22/19
Dated 6/22/19 Signature Parama S. Kafker
(By a director, president or other officers it 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)
Patricia M Sikaffy (Typed or printed name of person signing)
(Typed or printed name of person signing)
Vice President