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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Shekinahway, Inc.	·			
DOCUMENT NUM	D1000002282				
The enclosed Article	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Keysi Del Valle				
		Name of Contact Person	n		
	Shekinahway, Inc.				
		Firm/ Company			
	10290 \$√ 8 Ct. #106				
	Address				
	Pembroke Pines, FL 33025				
	City/ State and Zip Code				
	allidelva@hotmail.com				
	•	sed for future annual report	notification)		
For further information	on concerning this matter, plea		759-9205		
Name of Contact Person		Area Co	759-9205 de & Daytime Telephone Number		
Enclosed is a check f	or 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		Street Address			
Amendment Section Division of Corporations		Amendment Section			
). Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Shekinahway, Inc				
	(Name	of Corporation as curren	tly filed with the Florida Dept. of S	itate)
P1900003383	P1900003	3833		
	1		of Corporation (if known)	
Pursuant to the provits Articles of Incorp	risions of section 607 poration:	.1006. Florida Statutes, thi	s Florida Profit Corporation adopts	the following amendment(s) to
A. If amending na	me, enter the new n	ame of the corporation:		***
"Inc." or Co." o	r the designation "(n the word "corporation," "orp," "Inc," or "Co" " or the abbreviation "P.A	"company," or "incorporated" or the A professional corporation name (The new rabbreviation "Corp." must contain the word
B. Enter new principal office address, if applicable:		10290 SN 8 C1 = 106		
(Principal office ad	ldress <u>MUST BE A S</u>	TREET ADDRESS)	Pembroke Pines, FL 33025	202
				2021) AP (
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10290 St√8 Ct #106	, Q	
			Pembroke Pines, FL 33025	
D. If amending the	e registered agent ar agent and/or the ne	nd/or registered office address w registered office address	dress in Florida, enter the name of	the
	ew Registered Agent	Keysi Del Valle	_	
		10290 Say 8 Ct. #106		
		(Florida s	treet address)	
New Registered Office Address:		Pembroke Pines	, Flori	33025 ida
			(City)	(Zip Code)
New Registered Ag I hereby accept the a	ent's Signature, if c appointment as regist	hanging Registered Agen ered agent. I am familifa	1: with and accept the obligations of th	e position
		Signature of New I	Registered Agent, if changing	
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 = 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	\underline{V}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	KEYSI MARINA DELVELLE	15624 SW53 CT
Add			MIRAMAR, FL 32301
X Remove			
2) Change	P	KEYSI DEL VALLE	10290 Sit/ 8 CT #106
XAdd			PEMBROKE PINES, FL 33025
Remove 3 Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(/ Hach	ding or adding additional Articles, enter change(s) here: idditional sheets, if necessary). (Be specific)
	SHARES WILL BELONG TO KEYSI DEL VALLE. ORIGINAL REGISTERED AGENT SPELLED THE
AME IN	CORRECTLY AND WROTE THE WRONG ADDRESS.
<u> </u>	
If an am	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself:
	not applicable, indicate N A)
(if	
(if.	
(if	
(if	
if.	
if	
(if	

.

The date of each amendmen date this document was signed		if other than the
Effective date <u>if applicable</u> :	APRIL 2, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	his block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web action was not required.	e adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/wei by the shareholders was/w	e adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	nent(s)
must be separately provide	e approved by the shareholders through voting groups. The following stad for each voting group entitled to vote separately on the amendment(s) cast for the amendment(s) was/were sufficient for approval	ilement
by KEYSI DEL VA		
<u> </u>	(voting group)	
Dated Signature	. 2, 2020	
se	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	een court
-r	Keysi Del Valle	
	(Typed or printed name of person signing)	
	Mrs. P	
	(Title of person signing)	