P19000034140

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COVER LETTER

FO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KNCG INTERNA	HONAL INC	
DOCUMENT NUM	BER: P19000034140		
The enclosed Article.	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	KATERINA PAGANO DE C	GOUVEIA	
		Name of Contact Persor	
	KNCG INTERNATIONAL I	NC	
		Firm/ Company	<u></u>
	7130 S. ORANGE BLOSSO	M TRAIL SUITE 146	
		Address	
	ORLANDO, FL 32809		
		City/ State and Zip Code	
kneg	ginternational@gmail.com		
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call: at (3990359
	of Contact Person	at (Area Co	de & Daytime Telephone Number
	or the following amount made		•
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address ment Section
Amenament Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KNCG INTERNATIONAL INC.

(Name of Corporation as c	urrently filed with the Florida De	pt. of State)
P19000034140		
(Document Nu	imber of Corporation (if known)	•
	•	
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:	
N/A		The new
name must he distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corporation	" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	N/A)	
		<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a Name of New Registered Agent N/A		ame of the
(Pla	orida strect address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa-		ns of the position.
		2
		
Cincolar of	New Registered Agent, if changing	
Signature of	wew Registered Agent, if Changing	
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f 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: D = 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 i 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 John Doc \underline{PT} X Remove \underline{V} Mike Jones \underline{SV} X Add Sally Smith Type of Action <u>Title</u> <u>Name</u> <u>Address</u> Check One) VP 7130 S. ORANGE BLOSSOM MIRNA DIAZ) ____ Change TRAIL, SUITE 121, ORLANDO, Add FL 32809 Remove ____ Change Add Remove _ Change ___ Add Remove) ____ Change ____ Add Remove / ____ Change __ Add Remove __ Change ___ Add Remove Page 2 of 4 If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) Ά

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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	
Page 3 of 4	
The date of each amendment(s) adoption:	if other than t
ate this document was signed.	, ir omer man t
Effective date if applicable: 12/02/19	
(no more than 90 days after amendment file date)	

te: 4If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.			
doption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted	by the shareholders. The number of votes cast for the amendment(s)		

]	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 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.

12/02/19

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)

KATERINA PAGANO DE GOUVEIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)