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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

NAME OF CORPORATION: ____

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALDO MARCHENA

Name of Contact Person

Firm/ Company

2385 NW EXECUTIVE CENTER DR. SUITE 100

Address

BOCA RATON, FL 33431

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALDO MARCHENA	561	451-6330
	at ()	
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:

🔳 \$35 Filing Fee

□\$43.75 Filing Fee & □\$43.75 Certificate of Status Certifi (Additi enclos

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) حت

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The STATIONS

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KLINED CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000034559

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NeA		The new
name_must_be_distinguishable_and_contain_the_word_"corpord "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." o word "chartered." "professional association," or the abbreviatu.	r "Co". A professional corporation name m	e abbreviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	19
		·
		: د . د ر-
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr 	<u>ddress in Florida, enter the name of the</u> ess:	PH12:
Name of New Registered Agent		0.0

(Florida street address)

New Registered Office Address: N/A

(City)

(Zip Code)

. Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	У	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Tille	Name	Address
D Change	S	ALDO MARCHENA	19712 DINNER KEY DR
XAdd			BOCAN RATON, FL 33498
Remove			
2) Change	<u> </u>		
Add			
Remove			
Add			
Remove			
4) Change Add			
Remove			
57 Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

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E.	If amending or a	dding addition:	al Articles, ente	r change(s) here:

(Anach additional sheets, if necessary). (Be specific)

N/A

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: (if not applicable, indicate N/A)

N/A

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JUNE 25, 2019
The date of each amendment(s) adoption:, if other than the date this document was signed.
JUNE 25, 2019 Effective date if applicable:
(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) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval.
□ The amendment(s) was/were approved by the shareholders through voting groups. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s);</i>
"The number of votes east 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.
JUNE 25, 2019
Dated
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 tiduciary)
TATYANA PORTAL
(Typed or printed name of person signing)
SHAREHOLDER
(Title of person signing)

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