P19000041347

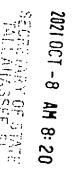
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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<u>COVER LETTER</u>					
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: KHOPPES INC. DOCUMENT NUMBER: P190000 41347					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Corlast Person KMPES TO Firm/ Company 10265 Ganly Bluel N Address St Petersburg F1 3310t City/ State and Zip/Code E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (727) 534-9085 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)					

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation

of .
Khnnes Tre
(Name of Corporation as currently filed with the Florida Dept. of State)
P19000041347
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the world "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
1703
5t Ketersburg +1 3370f
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) Surve
<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
10265 Londy Blud N 4 703 (Florida street address)
New Registered Office Address: St petersbucg Florida 33700 (Cip)
(Exp. Cone)
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.
\mathcal{L}
$ ho_{N}$
Signature of New Registered Agent, (f 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	Katie hoppes	10265 Gardy blud N
Add			# 1703
Remove			St Petersburg FL 33702
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional</i> :	ding additional Articles, enter change(s) he heets, if necessary). (Be specific)	
	1001	
<u>rovisions for im</u>	rovides for an exchange, reclassification, on the object of the amendment if not contained ble, indicate N/A)	r cancellation of issued shares, in the amendment itself:
	WW	

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :	10-5-2021 (no more than 90 days after amendment fi	
	(no more than 90 days after amendment f	ile date)
Note: If the date inscreed in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requartment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for icient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The such voting group entitled to vote separately on the am	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	<i>)</i>	
	(voting group)	
Dated	-5-2021	
Signature 4	kati Hanna	
(By a dire	ector, president or other diffeer – if directors or office	rs have not been
selected,	by an incorporator - if in the hands of a receiver, trus	stee, or other court
appointed	f fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(1) fred of farmed name (4) papers signing)	
~	<u> President</u>	
	(Title of person signing)	