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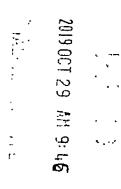
(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	,
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Black dog KPRESS Inc
DOCUMENT NUMBER: P19 0000 4 6057
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Heiny Rodriguez/ Name of Contact Person Carried Services Inc Firm/ Company SU43 NW 74 Jul Address City/ State and Zip Code
Un'ion carniers exices a qual-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Leidy Rodrigue at (305) 3921035 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
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

Articles of Incorporation of

Black dog xore	ss Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 19 0000 460	5+
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20190007 29
	——————————————————————————————————————
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	Ramis Hainebleau Blood Apt 1908
9595 for	tainebleau Blood Apt 1908
(Florida stree New Registered Office Address: Waw	$\frac{33172}{\text{City}}$. Florida $\frac{37072}{\text{(Zip Code)}}$
Α.	луу (гір сойг)

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Volaidis Ramis	9595 Fontainebleau Blvd. Apt #1908
Add	_		Apt # 1908
Remove			Mani Fl 32122
2) Change	P	Mario A Del Risco	9595 Fontainebleau blus Miani Fl 33172 190
Add			Main F/ 33172 190
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
····	

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: (no more than 90 days ofter 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)
(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
Signature 3
(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)
appointed fiduciary by that fiduciary)
Volaidis Kanis
(Typed or printed name of person signing)
Volaids Ramis (Typed or printed name of person signing) M62

(Title of person signing)