P19000019635

(Req	uestor's Name)	
(Odd	ress)	
(Adda	1655)	
(Add	ress)	
(City)	/State/Zip/Phone	#)
(=7.	ри поло	,
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



800430904738

08/04/24--01025--020 **43.75

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CKCS GROUP CC	ORP	
DOCUMENT NUM	IBER: P19000069635		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	JUAN DE LEON		
	CVCS CROLIB CORR	Name of Contact Persor	
	CKCS GROUP CORP	Firm/ Company	
	29080 SW 169TH AVE	Time Company	
		Address	
	HOMESTEAD FL 33030		
		City/ State and Zip Code	
	JUAN@CKCSGROUP.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
JUAN DE LEON		at (5625564
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CKCS	GROUP	CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000069635	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
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)	
D. If amending the registered agent and/or registered office addre	org in Florida, enter the name of the
new registered agent and/or the new registered office address:	ss in Fiorida, enter the name of sug
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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)

Example:

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	T		DEBORAH CHAMBERS	18500 SW 266ST
X Add				HOMESTEAD FL 33031
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

•	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
			· · · - · · · · · · · · · · · · · · · ·	 	
			_ 		
					
		 			
			· · · · · · · · · · · · · · · · · · ·	·	
_					
		·			
	-		·		
f an amendment provides for an exc	hange, reclassificati	on, or cancellation	of issued shares,		
f an amendment provides for an exc provisions for implementing the am	hange, reclassificati endment if not cont	on, or cancellation ained in the amend	of issued shares, Iment itself:		
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares, lment itself:		
provisions for implementing the am	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificat endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificat endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificat endment if not cont	ion, or cancellation ained in the amend	of issued shares,		
provisions for implementing the am	hange, reclassificat endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares, Iment itself:		
provisions for implementing the am	hange, reclassificat endment if not cont	ion, or cancellation ained in the amend	of issued shares,		
provisions for implementing the am	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares,		

,

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable	
(no more than 90 days	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by(voting group)	<u> </u>
5/28/2024 Dated	_
(By a director, president or other officer – i selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
V JUAN DE LEON	
(Typed or printed name	of person signing)
PRESIDENT	
(Title of person signing)	