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PICK-UP	☐ WAIT	MAIL
	usiness Entity Name)	
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(D	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

0 2 0	Custom Case work Inc
NAME OF CORPORATION: KSK	
DOCUMENT NUMBER: $PPODC$	072619
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Eve	rlon Reio
	Name of Contact Person
	Firm/ Company
3416 NF 5	and Ave
	Address
<u>Oakland</u>	Park Pl 33334 City/ State and Zip Code
	City/ State and Zip Code
r coustoner	cinterior Danal. Com d for future annual report notification)
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	call:
Zakiyya Manifold	at (561) 578-3717
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee F1, 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

RCR Custom Cashor	k Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P190000	12619	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the follow	ring amendment(s
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation," "ce "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		ttion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
· · · · · · · · · · · · · · · · · · ·		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2070 H R 30
<u></u>		Pi
		PH 12: 52
D. De manualism also maries and a second sec	, FI :1	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent		
Nume of New Negasierea Agent		
(Florida stre	et address)	
•		
New Registered Office Address:	, Florida(Zi _l	p 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	1.
Signature of New Re	gistered Agent, if changing	_
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (6)	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.

Example: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Officer	Zakiyya Manifold	Po Box 273609
Add		,	Boca Raton F1 334
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		- 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding add ttach additional sheets, if r	necessary). (Be specif	lic)		
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an amendment provides	for an exchange, recla	ssification, or car	ncellation of issued sha	res,
rovisions for implementi (if not applicable, indic	cate N/A)	iot contained in t	ne amenument usen:	
				
			<i></i>	
				•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action as action was not required.	nd shareholder
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)	
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) Zak 1446 (Typed or printed name of person signing)	
OFFice (
(Title of person signing)	

as the