P20000037726

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C. GOLDEN NOV 2 4 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HIGHER PLANE I	NVESTMENTS INC.	
DOCUMENT NUMI	D200000037736		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this man	tter to the following:	
	CRISTIANE LEON		
		Name of Contact Person	l
	KICANTO MANAGEMENT	LLC	
		Firm/ Company	
	1726 BLISSFUL DR		
		Address	
	KISSIMMEE, FL 34744		
		City/ State and Zip Code	
	KIKALEON@KICANTO.CO	ОМ	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	205	744-2297
	60 0	at (_)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

HIGHER PLANE INVESTMENTS INC.

HIGHER PLANE INVESTMENTS INC.	~	<u> </u>
(Name of Corpora	ntion as currently filed with the Florida Dept. of State)	5/7
P20000037726		
(Docu	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori ts Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendme	ent(s) to
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	The new "corporation," "company," or "incorporated" or the abbreviation "Corp., c," or "Co". A professional corporation name must contain the word breviation "P.A."	•
3. Enter new principal office address, if applicah		
Principal office address <u>MUST BE A STREET AI</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the	
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.	legistered Agent: I am familiar with and accept the obligations of the position.	
Sig	mature of New Registered 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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>s</u>	CRISTIANE LEON	1726 BLISSFUL DR	
X Add			KISSIMMEE, FL 34744	
Remove				
2) Change				
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	-			
Add				
Remove				

		(Be specific)			
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Enective date in apprendix.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehole	der action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amen ficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	,··	
	(voting group)	
10/14/2020 Dated Signature (B y a di	ector, president or other officer – if directors or officers have no	nt been
set ecto	-by an incorporator - if in the hands of a receiver, trustee, or oth	
appoint	ed fiduciary by that fiduciary)	
	IAN G MACKENZIE	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	