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CORTIARY OF STATE LLAHASSLE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION	KRENG	ELTECH FED	ERAL SYSTEMS, INC
DOCUMENT NUMBER:		00064302	,
The enclosed Articles of Amend	iment and fee are sul	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
	RIC 44	Name of Contact Person	PRAVEHON
	~	Name of Contact Person	1
	DR	AUGHON	
8		Firm/ Company	
	Ponte V	edva Beax	ANE UEST H, FL 32082
		City/ State and Zip Code	e
E-m	radiodg	n@gma,L ed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
Die Hans Sa	ott Draugi	hon at 904	de & Daytime Telephone Number
Name of Contac	Person J	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made [payable to the Florida Depa	artment of State:
-	43.75 Filing Fee & ertificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632	Section orporations	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

	Articles of Incorpora of		_	
KRENGELTECH	FEDERAL	SYSTEM	s, Inc.	
(Name of Corporati	ion as currently filed	with the Florida Der	pt. of State)	
P20000064	302			
(Docum	nent Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation a	adopts the following an	nendment(s) t
A. If amending name, enter the new name of the co	orporation:			
KRACKIES Corp	oration		Th	e new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "chartered," "professional association," or the abbre	orporation," "compan " or "Co". A profes			
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADI			.	
				
				
C. Enter new mailing address, if applicable:			2024 ALC ALC	
(Mailing address MAY BE A POST OFFICE BO	<u>/X</u>)			
			<u> </u>	
			116	<u>m</u>
O. If amending the registered agent and/or registe	red office address in '	Florida, enter the na	me of the S	O
new registered agent and/or the new registered			2.5:	
Name of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:			_, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	victored Agent:			
hereby accept the appointment as registered agent.		l accept the obligation	ns of the position.	

Signature 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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttacl	ending or adding additional Arti a additional sheets, if necessary).	(Be specific)			
	·				
	<u>.</u>				
	 -				
					
	18.				
		 	·	-	
				.,	
fans	<u>amendment provides for an excl</u>	iango roclassificat	tion ar cancellati	an of iccuad charge	
provi	isions for implementing the ame	ndment if not con	tained in the ame	ndment itself:	2
(if not applicable, indicate N/A)				
	·				
	-				

The date of each amendment(s) add date this document was signed.	ption:AV603T 12, 2024 if other than th
Effective date if applicable:	AUGUST 12, 2024
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ek does not meet the applicable statutory filing requirements, this date will not be listed as thurtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adoptaction was not required.	ed 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 the amendment(s) decient for approval.
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	
, <u> </u>	(voting group)
selected,	ctor, president or other officer- if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary) Catherine (Typed or printed name of person signing) Paesiveat
_	(Title of person signing)